

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 047634

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MICHAEL B. BROWN
RECORDER
The Community Hospital
661 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE, PO BOX 661011

DALLAS, TX 75266 CL#14-3V06881 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22nd day of July 20 14

and recorded on the 29th day of July 20 14 (as instrument No.

3000790537) (in Hospital Lien Book, Page 2014044757) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

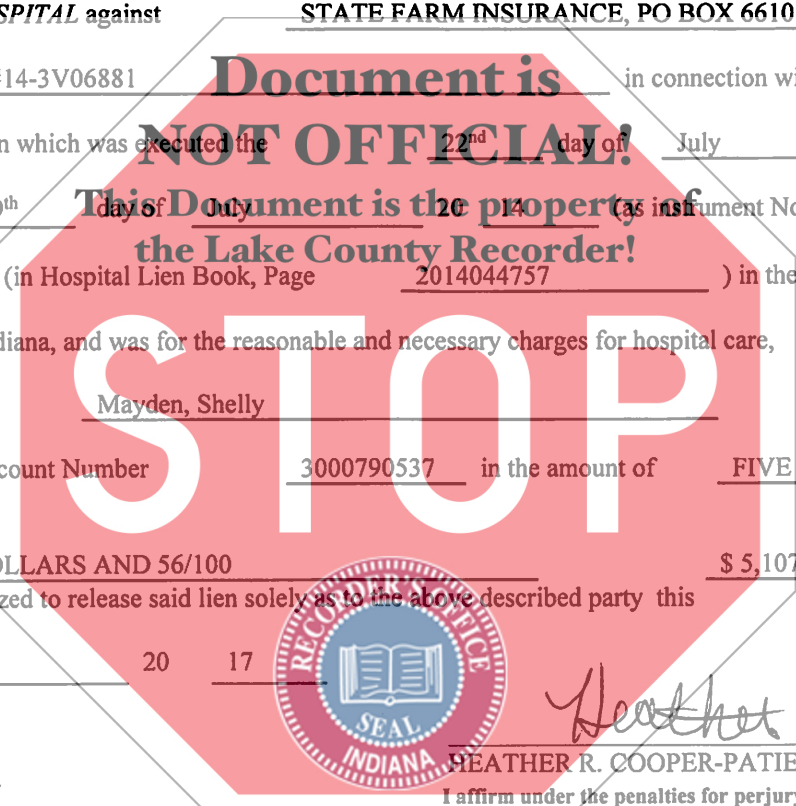
treatment and maintenance of Mayden, Shelly

Regarding Patient Account Number 3000790537 in the amount of FIVE THOUSAND

ONE HUNDRED SEVEN DOLLARS AND 56/100 \$ 5,107.56

the Recorder is hereby authorized to release said lien solely as to the above described party this

17th day of July 20 17



Heather R. Cooper

HEATHER R. COOPER-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared HEATHER R. COOPER who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 17th Day of July 20 17

My Commission Expires: 2/14/2025
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by Heather R. Cooper, Patient Representative, The Community Hospital.

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK# 856416
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY *SP*