

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 047635

2017 AUG -1 AM 10:50

MICHAEL B. BROWN
RECORDER

The Community Hospital
901 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 106170

ATLANTA, GA 30348 CL#13-955F043 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13th day of June 20 17

and recorded on the 23rd day of June 20 17 (as instrument No.

3002908552) (in Hospital Lien Book, Page 2017038477) 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 Mosca, David

Regarding Patient Account Number 3002908552 in the amount of NINETY THREE

THOUSAND ONE HUNDRED SEVEN DOLLARS AND 22/100 \$ 93,107.22

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

10th day of July 20 17

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

HEATHER R. COOPER-PATIENT FINANCIAL SUPPORT
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.

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 10th Day of July 20 17

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

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

Notary Seal and Signature of JISAE WARD, Notary Public

AMOUNT \$ 25 -
CASH _____ CHARGE _____
CHECK# 856057
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY 89