

2017 083162

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 DEC -8 AM 9:25

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 AMERICAN SPECIALTY COMPANY

7609 W JEFFERSON BLVD SUITE 150 FORT WAYNE, IN 46804 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10<sup>th</sup> day of OCTOBER 20 17

and recorded on the 25<sup>th</sup> day of OCTOBER 20 17 (as instrument No.

3003216026 ) (in Hospital Lien Book, Page 2017072207 ) 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 CHRISTINA DAVIS

Regarding Patient Account Number 3003216026 in the amount of THIRTY THOUSAND

EIGHT HUNDRED NINE AND .14/100 \$30,809.14

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

27<sup>th</sup> day of NOVEMBER 20 17

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



*Stacy M. Lulich*

STACY M. LULICH-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.

Before me, a Notary Public in and for said County and State, personally appeared STACY M. LULICH who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 27<sup>th</sup> Day of NOVEMBER 20 17

My Commission Expires: 2/14/25  
Residing in Lake County, Indiana

*Lisa E. Ward*  
LISA E. WARD, Notary Public

This instrument was prepared by Stacy M. Lulich, Patient Representative, The Community Hospital.

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