

**RELEASE OF HOSPITAL LIEN**

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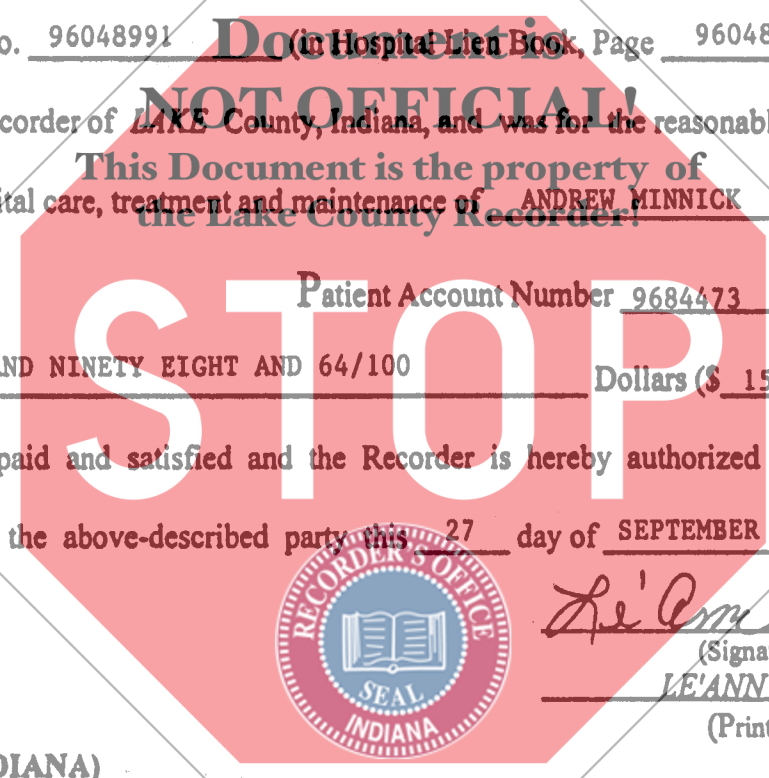
This is to certify that a certain claim by

**MUNSTER MEDICAL RESEARCH FOUNDATION d/b/a THE COMMUNITY HOSPITAL**

against ANDREW MINNICK 2451 E 62ND PL HOBART, IN 46342

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 19  
day of JULY, 19 96 and recorded on the 24 day of JULY, 19 96

(as instrument No. 96048991 (in Hospital Lien Book, Page 96048991) 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 ANDREW MINNICK



Patient Account Number 9684473 in the amount of  
FIFTEEN THOUSAND NINETY EIGHT AND 64/100 Dollars (\$ 15,098.64)

has been fully paid and satisfied and the Recorder is hereby authorized to release said  
lien solely as to the above-described party this 27 day of SEPTEMBER, 1996.



Le'Ann Echterling  
(Signature)  
LE'ANN ECHTERLING  
(Printed)

STATE OF INDIANA)  
) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared

LEANN ECHTERLING, who acknowledged the execution of the foregoing Release of

Hospital Lien. Witness my hand and Notarial Seal this 27 day of SEPTEMBER, 19 96.

My Commission Expires: 11-8-99  
Residing in Lake County, Indiana

Shannon E. Schmal  
(Signature)  
SHANNON E. SCHMAL  
(Printed)

This instrument was prepared by LE'ANN ECHTERLING, Patient Representative, The Community  
Hospital.

96067125

96 OCT - 9 AM 9:23  
MARGARET CLAUD  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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SK  
c2# 286887