

STATE OF INDIANA
LAKE COUNTY
FILED

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MONITORING
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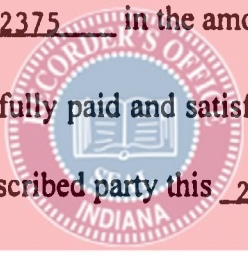
The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

7

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION
d/b/a THE COMMUNITY HOSPITAL against WILLIAM DENNIS 355 REBEL RD NICHOLASVILLE, KY 40356
in connection with the Notice of Intention to Hold Hospital Lien which was executed the 10TH day of
JANUARY, 19 97 and recorded on the 22ND day of JANUARY, 19 97 (as
instrument No. 97004377) (in Hospital Lien Book, Page 97004377) 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 WILLIAM DENNIS.

Patient Account Number 4292375 in the amount of FORTY NINE THOUSAND ONE HUNDRED &
05/100
Dollars (\$ 49,100.05) has been fully paid and satisfied and the Recorder is hereby authorized to
release said lien solely as to the above described party this 27TH day of MARCH, 19 97.



K. Kozanda
KATHLEEN KOZANDA

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

Before me, a Notary Public in and for said County and State, personally appeared KATHLEEN KOZANDA
who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal
this 27TH day of MARCH, 19 97.

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

Shannon E. Schmal
SHANNON E. SCHMAL

This instrument was prepared by KATHLEEN KOZANDA, Patient Representative, The Community Hospital.