

STATE OF INDIANA
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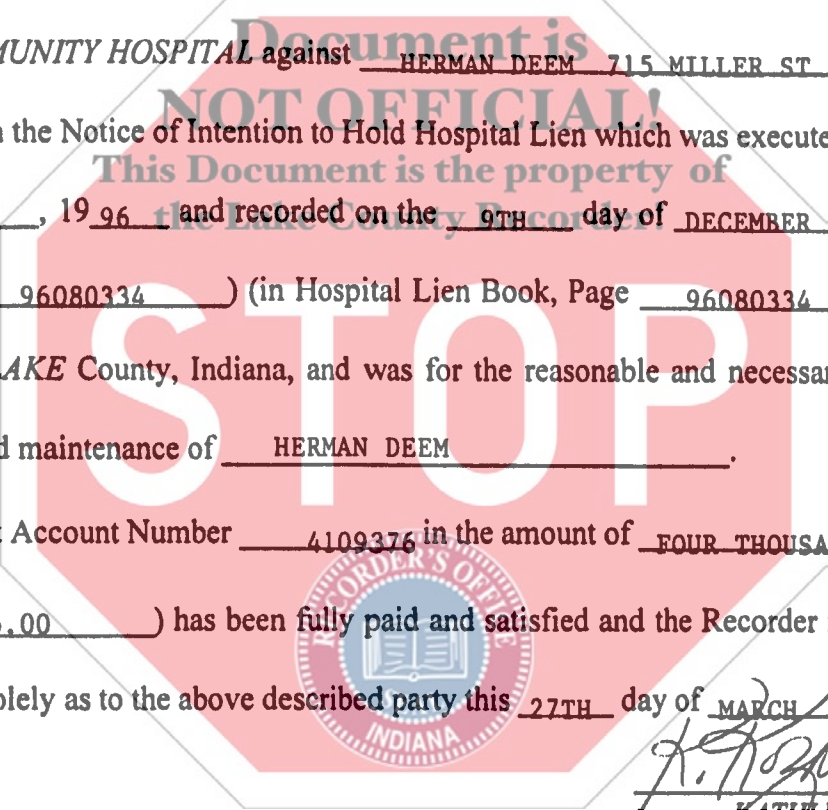
The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN



This is to certify that a certain claim by *MUNSTER MEDICAL RESEARCH FOUNDATION*
d/b/a THE COMMUNITY HOSPITAL against HERMAN DEEM 715 MILLER ST GRIFFITH, IN 46319
in connection with the Notice of Intention to Hold Hospital Lien which was executed the 22ND day of
NOVEMBER, 1996 and recorded on the 9TH day of DECEMBER, 1996 (as
instrument No. 96080334) (in Hospital Lien Book, Page 96080334) 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 HERMAN DEEM.

Patient Account Number 4109376 in the amount of FOUR THOUSAND SIXTY-SIX & 00/100
Dollars (\$ 4,066.00) 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, 1997.



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, 1997.

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

SHANNON E. SCHMAL

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