

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

The Community Hospital
901 MacArthur Blvd,
Munster, Indiana 46321

97023518

RELEASE OF HOSPITAL LIEN

MORRIS W. CARTER
RECORDER

this is to certify that a certain claim by

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

against CHARLES GRIFFIN 407 DETROIT ST, HAMMOND, IN 46325

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 5TH

day of APRIL, 19 97 and recorded on the 15TH day of APRIL, 1997

(as instrument No. 96024043 (in Hospital Lien Book, Page 96024043) 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 CHARLES GRIFFIN

Patient Account Number 9382961 in the amount of

FOUR THOUSAND TWO HUNDRED FIFTY FIVE & 75/100 Dollars (\$ 4,255.75)

has been fully paid and satisfied and the Recorder is hereby authorized to release said

lien solely as to the above-described party this 14TH day of MARCH, 1997



[Handwritten Signature]
(Signature)

KATHLEEN KOZANDA

(Printed)

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 14TH day of MARCH, 1997.

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

[Handwritten Signature]
(Signature)

SHANNON E. SCHMAL

(Printed)

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

Community Hospital
901 mac arthur boulevard munster

Ind 46321

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