

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97026782

97 APR 20 AM 8:57

MORRIS ...
RECORDER

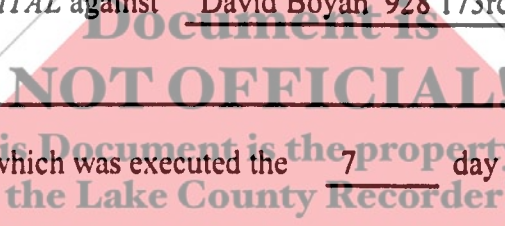
The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

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 David Boyan 928 173rd Place Hammond, IN 46324



_____ in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7 day of February 19 97

and recorded on the 13 day of February 19 97 (as instrument No.

97008908) (in Hospital Lien Book, Page 97008908) 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 David Boyan

Patient Account Number 4467345 in the amount of Two Thousand

Eight Hundred Sixty one & 50/100 Dollars (\$ 2,861.50) has been

fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above

described party this 25th day of April, 19 97

Kathleen 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 25th day of April, 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.

Doc 782 sub 790

pc# 277444

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