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STATE OF INDIANA
LAKE COUNTY
FILED

97 JUN -2 AM 9:14

MORRIS W. CARTER
RECORDER

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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 JAMES POLLOCK

441 N. LILIAN GRIFFITH, IN 46319 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of AUGUST 19 95

and recorded on the 21 day of AUGUST 19 95 (as instrument No.

95047443) (in Hospital Lien Book, Page 95047443) 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 JAMES POLLOCK.

Patient Account Number 8773541 in the amount of Two Thousand

Three hundred Forty Three & 75/100 Dollars (\$ 2,343.75) has been

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

described party this 23rd day of May, 19 97


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 23rd day of May, 19 97

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.

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