

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97035488

97 JUN -1; AM 8:51

MORRIS W. CARTER
RECORDER

✓
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 RHYNE GLEASON 624 NORTH COLFAX AVE
GRIFFITH, IN 46319 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of JUNE 19 96

and recorded on the 11TH day of JUNE 19 96 (as instrument No.

96038935) (in Hospital Lien Book, Page 96038935) 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 RHYNE GLEASON.

Patient Account Number 9578667 in the amount of Five Thousand

Seven Hundred Twenty Five & 03/100 Dollars (\$ 5,725.03) has been

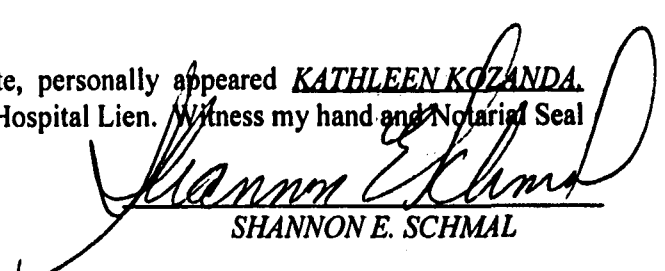
fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above

described party this 15th 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 16 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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