

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97065887

97 OCT -1 AM 8:36

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 LORRAINE OCHOTA 17541 COMMUNITY STREET

LANSING, IL 60438 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 24TH day of JANUARY 19 97

and recorded on the 26TH day of FEBRUARY 19 97 (as instrument No.

97011813) (in Hospital Lien Book, Page 97011813) 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 LORRAINE OCHOTA

Patient Account Number 4237757 in the amount of FOUR

THOUSAND FIVE HUNDRED SEVENY EIGHT & 75/100 Dollars (\$ 4,578.75) has been

billed to Medicare and the Recorder is hereby authorized to release said lien solely as to the above

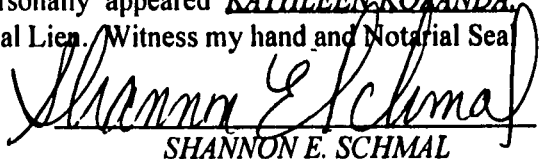
described party this 25TH day of SEPTEMBER , 19 97


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 25TH day of SEPTEMBER , 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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