

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

97065888

97 OCT -1 AM 8:37

MORRIS W. CARTER  
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 LORRAINE OCHOTA 17541 COMMUNITY STREET

LANSING, IL 60438 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27TH day of SEPTEMBER 19 96

and recorded on the 9TH day of OCTOBER 19 97 (as instrument No.

96067126 ) (in Hospital Lien Book, Page 96067126 ) 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 9777152 in the amount of SIX THOUSAND

FIVE HUNDRED THIRTY FOUR & 50/100 Dollars (\$ 6,534.50 ) 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

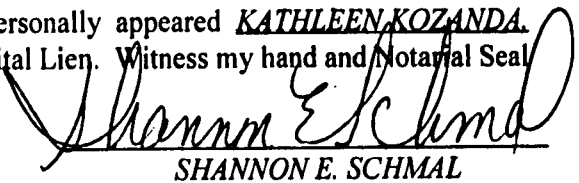
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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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