

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97082333

97 DEC -3 AM 8:48

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 MICHAELNE DILLON 7201 MCLAUGHLIN

HAMMOND, IN 46324 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of AUGUST 19 97

and recorded on the 20TH day of AUGUST 19 97 (as instrument No.

97054532) (in Hospital Lien Book, Page 97054532) 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 MICHAELNE DILLON .

Patient Account Number 5121620 in the amount of FIVE THOUSAND

EIGHT HUNDREE AND TWENTY FIVE & 75/100 Dollars (\$ 5,825.75) has been

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

described party this 24TH day of NOVEMBER , 19 97


KATHLEEN KOZANDA

(STATE OF INDIANA)

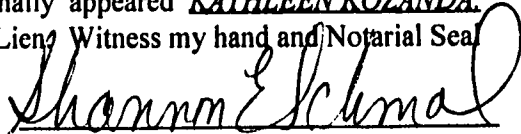
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(COUNTY OF LAKE)

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 24TH day of NOVEMBER 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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