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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98 APR 22 AH 8:15

MORRIS W. C.T.

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 CRNARICH, JOSEPH, 239 FAIRBANKS ST. MUNSTER, IN 46321
in connection with the Notice of Intention to Hold Hospital Lien which was executed the 16TH day of
JANUARY , 19 98 and recorded on the 2ND day of FEBRUARY , 19 98 (as
instrument No. 98006968 (in Hospital Lien Book, Page 98006968) 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 JOSEPH CRNARICH
Patient Account Number 5563003 in the amount of FOURTEEN THOUSAND EIGHT HUNDRED FIFTY AND 51/100
Dollars (\$ 14,856.51) has been fully paid and satisfied and the Recorder is hereby authorized to
release said lien solely as to the above described party this 10TH, day of APRIL , 19 98. Wellowin Talan.
MELANIE BARAN
(STATE OF INDIANA) () SS: (COUNTY OF LAKE)
Before me, a Notary Public in and for said County and State, personally appeared MELANIE BARAN
who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal
this 10TH day of APRIL 19 98. \mathcal{L}
My Commission Expires: 11-8-99 Residing in Lake County, Indiana SHANNON E. SCHMAL

This instrument was prepared by MELANIE BARAN, Patient Representative, The Community Hospital.

11/00 31/6/657

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