

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98028081

98 APR 22 AM 8:46

MORRIS W. CANNON

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 *MARY JANE VARICHAK, 9550 HAMPTON DR APT 14, HIGHLAND IN 46322*

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 30TH day of JANUARY, 19 98 and recorded on the day of , 19 (as

instrument No.) (in Hospital Lien Book, Page) 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 MARY JANE VARICHAK.

Patient Account Number 5632102 in the amount of FOUR THOUSAND NINE HUNDRED THIRTY EIGHT AND 70/100

Dollars (\$ 4,938.70) has been ^{NCT} ~~fully~~ paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above described party this 3RD day of APRIL, 19 98.



Melanie Baran
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 3RD day of APRIL, 19 98.

My Commission Expires: 11-8-99
Residing in Lake County, Indiana

Shannon E. Schmal
SHANNON E. SCHMAL

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

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3/6/99