

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98046323

98 JUN 22 AM 8:50

MORRIS W. CAMBER  
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 JOSEPH ROLANDO, 3447 167TH ST, HAMMOND IN 46323

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 13TH day of

MARCH, 19 98 and recorded on the 1ST day of APRIL, 19 98 (as

instrument No. 98022564) (in Hospital Lien Book, Page 98022564) in the office of

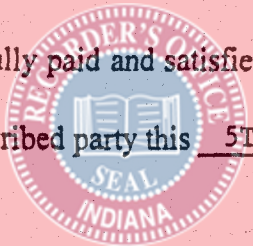
the Recorder of *LAKE* County, Indiana, and was for the reasonable and necessary charges for hospital

care, treatment and maintenance of JOSEPH ROLANDO.

Patient Account Number 5846315 in the amount of TWO THOUSAND ONE HUNDRED FOURTEEN AND 00/100

Dollars (\$ 2,114.00) has been fully paid and satisfied and the Recorder is hereby authorized to

release said lien solely as to the above described party this 5TH day of JUNE, 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 5TH day of JUNE, 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.

16.00  
CM  
Lit# 319191