98046325



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

| THE COMMUNITY HOSPITAL against LOUIS CSOKA, 945 IVANHOE LANE, DYER, IN 46311                               |
|--|
| connection with the Notice of Intention to Hold Hospital Lien which was executed the 3RD day of            |
| APRIL , 19 98 and recorded on the 22ND day of APRIL , 19 98 (as  |
| strument No. 98028095 (in Hospital Lien Book, Page 98028095) in the office of                              |
| e Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital          |
| are, treatment and maintenance of LOUIS CSOKA  |
| Patient Account Number 5906601 in the amount of TWO THOUSAND ONE HUNDRED FOURTEEN                          |
| AND 00/100   |
| collars (\$ 2,114.00 ) has been fully paid and satisfied and the Recorder is hereby authorized to          |
| elease said lien solely as to the above described party this 5TH day of JUNE, 19 98.                       |
| Weline Cokan   |
| STATE OF INDIANA)  |
| ) SS:  |
| COUNTY OF LAKE )   |
| efore me, a Notary Public in and for said County and State, personally appeared MELANIE BARAN              |
| ho acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal |
| his 5TH day of JUNE 19 98.   |
| My Commission Expires: 11-8-99   |
| Lesiding in Lake County, Indiana SHANNON E. SCHMAL   |
| his instrument was prepared byMELANIE BARAN, Patient Representative, The Community Hospital.               |
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|  |
| 10#31910   |