98046330

STATE OF HUMANA LAKE COUNTY FILED FOR RECORD 98 JUN 22 AM 8: 5 i

MORRIS W. CATTER RECORDER

The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

> 6 W 1010 p

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION OCUMENT 18
Wb/a THE COMMUNITY HOSPITAL against ANTHONY TROJNAR. 2301 CHAMPTON DR APT 9, HICHLAND IN 463
n connection with the Notice of Intention to Hold Hospital Lien which was executed the 31ST day of
JANUARY . 19 97 and recorded on the 13TH day of FEBRUARY . 19 97 (as
nstrument No. 97008994 (in Hospital Lien Book, Page 97008994) in the office of
he Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital
care, treatment and maintenance of ANTHONY TROJNAR
Patient Account Number 4276086 in the amount of TWO THOUSAND FIFTY FIVE AND 75/100
Dollars (\$ 2,055.75) has been fully paid and satisfied and the Recorder is hereby authorized to
release said lien solely as to the above described party this 5TH day of JUNE . 19 98.
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

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