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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 ALVINA KMAK, 615 W 151ST ST, E CHICAGO, IN 46312 in connection with the Notice of Intention to Hold Hospital Lien which was executed the 10TH day of , 19 98 (as) (in Hospital Lien Book, Page __98028087 instrument No. 98028087) 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 ALVINA KMAK Patient Account Number 5872332 in the amount of EIGHT THOUSAND SEVEN HUNDRED THREE AND) has been fully paid and satisfied and the Recorder is hereby authorized to Dollars (\$ 8,703,50 release said lien solely as to the above described party this 5TH day of JUNE (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 <u>5TH</u> day of <u>HINE</u>, 19 98. My Commission Expires: 11-8-99 Residing in Lake County, Indiana

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

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