

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98046333

98 JUN 22 AM 8:51

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 *JUDITH PORTER, 762 HOVEY ST, GARY IN 46406*

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 27TH day of

MARCH, 19 98 and recorded on the 27TH day of APRIL, 19 98 (as

instrument No. 98029331) (in Hospital Lien Book, Page 98029331) in the office of

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

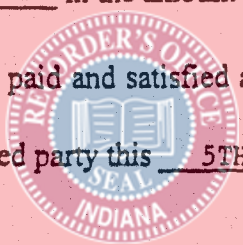
care, treatment and maintenance of FELICIA PORTER.

Patient Account Number 5855055 in the amount of SIX THOUSAND FIVE HUNDRED TWENTY TWO
AND 25/100

Dollars (\$ 6,522.25) ^{not} 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.

10.00 CM
CH 319191