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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 98 JUN 23 AN 9: 52

MOFRIS W. C. THER

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 JACOB BERMINGHAM, 1337 MAGNOLIA, DYER IN 46322
in connection with the Notice of Intention to Hold Hospital Lien which was executed the 10TH day of
APRIL , 19 98 and recorded on the s22nd p day of ty APRIL , 19 98 (as
instrument No. 98028085 the Lake County Recorder!  (in Hospital Lien Book, Page 98028085) 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 JACOB BERMINGHAM
Patient Account Number 5959047 in the amount of IVE THOUSAND SIX HUNDRED THIRTY FOUR AND 25/100
Dollars (\$_5,634.25]) has been fully paid and satisfied and the Recorder is hereby authorized to
release said lien solely as to the above described party this 12TH day of JUNE, 19 98.
Melanie Joseph Melanie BARAN
(STATE OF INDIANA) ( ) SS: (COUNTY OF LAKE )
Before me, a Notary Public in and for said County and State, personally appeared <u>MELANIE BARAN</u> who
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this
12 THday of JUNE , 19 98.
My Commission Expires: 05/14/08 Residing in Lake County, Indiana  KATHLEEN E. KOZANDA

This instrument was prepared by <u>MELANIE BARAN</u>, Patient Representative, The Community Hospital.

CK#319522/0800