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The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

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This is to certify that a certain claim by *MUNSTER MEDICAL RESEARCH FOUNDATION*

d/b/a THE COMMUNITY HOSPITAL against VERNON MILLER, 8428 MORAIN AV, MUNSTER IN 46321

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 10TH day of

OCTOBER, 19 97 and recorded on the 29TH day of OCTOBER, 19 97 (as

instrument No. 97073545 (in Hospital Lien Book, Page 97073545) in the office of

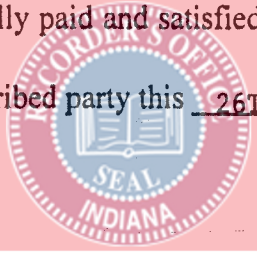
the Recorder of *LAKE* County, Indiana, and was for the reasonable and necessary charges for hospital

care, treatment and maintenance of VERNON MILLER.

Patient Account Number 5303567 in the amount of ONE THOUSAND EIGHT HUNDRED EIGHTY EIGHT AND 60/100

Dollars (\$ 1,883.60) has been fully paid and satisfied and the Recorder is hereby authorized to

release said lien solely as to the above described party this 26TH 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

26 day of JUNE, 19 98.

My Commission Expires: 05/14/08
Residing in Lake County, Indiana

Kathleen E. Kozanda
KATHLEEN E. KOZANDA

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

1000 KM
CK# 320102