

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98088499

98 NOV -9 AM 8:39

MELANIE W. BARAN  
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 HUGH WILLSON, BOX 229, RYEGATE MT 59074

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 21ST day of

AUGUST, 19 98, and recorded on the 25TH day of AUGUST, 19 98 (as

instrument No. 98067641 ) (in Hospital Lien Book, Page 98067641 ) 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 HUGH WILLSON.

Patient Account Number 6352537 in the amount of EIGHT THOUSAND NINE HUNDRED NINETY

Dollars (\$ 8,990.25 ) has been fully paid and satisfied and the Recorder is hereby authorized to

release said lien solely as to the above described party this 30TH day of OCTOBER, 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

30TH day of OCTOBER, 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.

10.00  
LP  
ck#  
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