

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MORRIS W. CARTER
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 *DAVID JELENSKI 7332 CAROLINA ST*
HAMMOND, IN 46323

Intention to Hold Hospital Lien which was executed the 27TH day of FEBRUARY 19 98

and recorded on the 5TH day of MARCH 19 98 (as instrument No. 98015810) (in Hospital Lien Book, Page 98015810) 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 DAVID JELENSKI

Patient Account Number 5780233 in the amount of SEVEN
THOUSAND SEVEN HUNDRED & NINETY SIX & 25/100 Dollars (\$ 7,796.25) has been

fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above

described party this 20TH day of NOVEMBER, 19 98

DEBBIE SOPHER

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared DEBBIE SOPHER, who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 20TH day of NOVEMBER, 19 98
My Commission Expires: 11-8-99
Residing in Lake County, Indiana

KATHLEEN E KOZANDA

This instrument was prepared by DEBBIE SOPHER Patient Representative, The Community Hospital.

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