

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99068920

99 AUG 18 AM 8:53

MO. FRS 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 STATE FARM INSURANCE 905 W GLEN PARK

GRIFFITH IN 46319 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of JANUARY 19 99

and recorded on the 25TH day of JANUARY 19 99 (as instrument No.

99006196) (in Hospital Lien Book, Page 99006196) 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 NADA SAMARDZIJA

Patient Account Number 6860206 in the amount of SEVEN

THOUSAND SEVEN HUNDRED FIFTY-FIVE AND 25/100 Dollars (\$ 7755.25) 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 JULY , 19 99

Shawn Williams
SHAWN WILLIAMS-COLLECTION CLERK

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared SHAWN WILLIAMS, who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 30TH day of JULY , 19 99

My Commission Expires: 5-14-08

Residing in Lake County, Indiana

Kathleen Kozanda
KATHLEEN KOZANDA

This instrument was prepared by SHAWN WILLIAMS Patient Representative, The Community Hospital.

10.00
PK

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