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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 AUG 18 AM 8:54

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 BABCOCK & FIGURA INSURANCE 202 MONROE

ST VALPARAISO IN 46384 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of MARCH 19 99

and recorded on the _____ day of _____ 19 _____ (as instrument No.

_____) (in Hospital Lien Book, Page _____) 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 JUANITA COLEMAN

Patient Account Number 7086199 in the amount of SEVENTEEN

THOUSAND FIVE HUNDRED NINE & 50/100 Dollars (\$ 17,509.50) ^{not} has been

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

described party this 13TH day of AUGUST, 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 13TH day of AUGUST, 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.

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