

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99084944

99 OCT 15 AM 8:51

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 *ST PAUL INSURANCE COMPANY PO BOX 68975*

INDIANAPOLIS IN 46268 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of JUNE 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 BETTY ANN DULLA

Patient Account Number 7358253 in the amount of ELEVEN

THOUSAND SEVEN HUNDRED NINETY-EIGHT & 75/100 Dollars (\$ 11,798.75) ^{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 11TH day of OCTOBER , 19 99 Shawn Williams
SHAWN WILLIAMS

(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 11TH day of OCTOBER , 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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