

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99087414

99 OCT 25 AM 8:47

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 HARTFORD UNDERWRITERS INSURANCE

2502 ROCKY POINT DRIVE SUITE 400 TAMPA FL 33607 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of AUGUST 19 99

and recorded on the 18TH day of AUGUST 19 99 (as instrument No.

99068928) (in Hospital Lien Book, Page 99068928) 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 CAROL HARDESTY

Patient Account Number 7722060 in the amount of NINE

THOUSAND THREE HUNDRED FOURTY-NINE & 25/100 Dollars (\$ 9,349.25) has been ^{not}

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

described party this 18TH 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 18TH 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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