

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99087415

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 RELIANCE INSURANCE COMPANY DETROIT

CLAIMS OFFICE PO BOX 33194 DETROIT MI 48232 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23RD day of OCTOBER 19 98

and recorded on the 2ND day of NOVEMBER 19 98 (as instrument No.

98086466) (in Hospital Lien Book, Page 98086466) 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 CAROLYN AVIGONE

Patient Account Number 6591345 in the amount of SIX

THOUSAND SIX HUNDRED SEVENTY FIVE AND 75/100 Dollars (\$ 6,675.75) has been

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 Rolanda
KATHLEEN ROLANDA

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

10:00
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