STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MORRIS W. CARTER DECORDER 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 C STATE FARM INSURANCE ATTN: HENRY
NOTE OF THE COMMENT TO STATE AGAINST CONTRACT AND CONTRAC
JAWORSKI 905 W GLEN PARK GRIFFITH IN 46319 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 5TH day of APRIL 19 99
and recorded on the 8TH day of APRIL 19 99 (as instrument No.
) (in Hospital Lien Book, Page 99029671) 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 MARY ANN MITRE .
Patient Account Number 7135971 in the amount of TWENTY-FIVE
THOUSAND NINE HUNDRED SEVENTY-EIGHT & 07/100 Dollars (\$ 25,978.07) 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
(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 KATHLIEN KOLANDA

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

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