

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 002022

2000 JAN 11 AM 9:24

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 STATE FARM INSURANCE PO BOX 9002

HIGHLAND IN 46322 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11<sup>TH</sup> day of OCTOBER 19 99

and recorded on the 15<sup>TH</sup> day of OCTOBER 19 99 (as instrument No.

99084948 ) (in Hospital Lien Book, Page 99084948 ) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

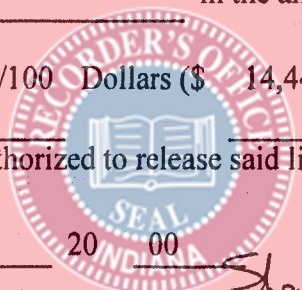
treatment and maintenance of MARJORIE JOHANNSEN.

Patient Account Number 7886675 in the amount of FOURTEEN

THOUSAND FOUR HUNDRED FORTY-FOUR 50/100 Dollars (\$ 14,444.50 ) has been <sup>not</sup>

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

described party this 4<sup>TH</sup> day of JANUARY 20 00



*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 4<sup>TH</sup> day of JANURAY 20 00  
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.

10:40  
347723

25x10