

STATE OF INDIANA
LAKE COUNTY
FILED

2000 026154

2000 APR 17 PM 3:21

NOTARY PUBLIC
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 *CONGREGATION BETH ISRAEL 7105 HOHMAN*

AVE HAMMOND IN 46320 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of JANUARY 20 00

and recorded on the 11TH day of JANUARY 20 00 (as instrument No.

2000 002024) (in Hospital Lien Book, Page 2000 002024) 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 ESTELLE OLAN

Patient Account Number 8263744 in the amount of FOUR

THOUSAND TWO HUNDRED NINETY-NINE AND NO/100 Dollars (\$ 4299.00) 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 APRIL 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 11TH day of APRIL 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.

10.00
E.P.
353996