

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 029612

2000 MAY -2 AM 9:58

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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 16 WEST 84<sup>TH</sup> DR

ATTN: MARK ZLATI MERRILLVILLE IN 46410 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of OCTOBER 19 99

and recorded on the 13<sup>TH</sup> day of OCTOBER 19 99 (as instrument No.

99084232 ) (in Hospital Lien Book, Page 99084232 ) 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 BETTE BELL

Patient Account Number 7867530 in the amount of TWENTY-TWO

THOUSAND SEVEN HUNDRED NINETY AND 80/100 Dollars (\$ 22,790.80 ) <sup>not</sup> ~~has been~~

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

described party this 21<sup>ST</sup> day of FEBRUARY 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 21<sup>ST</sup> day of FEBRUARY 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.

10/5/00  
E.P.  
350741