

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 036623

2000 MAY 25 AM 9:22

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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 THE HARTFORD INSURANCE PO BOX 47511

SAN ANTONIA TX 78265 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.

99084238 ) (in Hospital Lien Book, Page 99084238 ) 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 JUDY SHERGALIS

Regarding Patient Account Number 7903472 in the amount of SIX

THOUSAND EIGHT HUNDRED FOURTY-THREE AND 65/100 Dollars (\$ 6843.65 )

the Recorder is hereby authorized to release said lien solely as to the above described party this

24<sup>TH</sup> day of MARCH 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 24<sup>TH</sup> day of MARCH 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.

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CRK  
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