

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDING

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MERRILLVILLE CENTER  
RECORDS

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 W 84<sup>TH</sup> DRIVE**

**MERRILLVILLE IN 46410**

**NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16<sup>TH</sup> day of APRIL 19 99

and recorded on the 21<sup>ST</sup> day of APRIL 19 99 (as instrument No.

99033670 ) (in Hospital Lien Book, Page 99033670 ) in the office of the

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

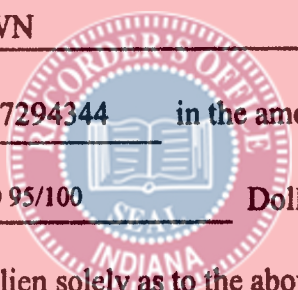
treatment and maintenance of NANCY BROWN

Regarding Patient Account Number 7294344 in the amount of THREE

THOUSAND EIGHT HUNDRED EIGHTY-EIGHT AND 95/100 Dollars (\$ 3888.95 )

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

28<sup>TH</sup> day of JULY 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 28<sup>TH</sup> day of JULY 20 00  
My Commission Expires: 5-14-08  
Residing in Lake County, Indiana

*Kathleen O'Neill*  
KATHLEEN O'NEILL

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

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