

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 067592

2000 SEP 15 PM 12:07

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 HAMMOND INSURANCE PO BOX 4125

HAMMOND IN 46324 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of JULY 20 00

and recorded on the 19TH day of JULY 20 00 (as instrument No.

2000 050773) (in Hospital Lien Book, Page 2000 050773) 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 AMALIA CIRKOVICH

Regarding Patient Account Number 8479283 in the amount of TWELVE

THOUSAND EIGHTY HUNDRED NINETY-FIVE AND 15/100 Dollars (\$ 12,895.15)

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

6TH day of SEPT 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 6TH day of SEPT 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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#360003