STATE OF BOOKING LAKE COLLARY FILED FOR SERVICE

2000 077066

2000 OCT 23 PH 3: 32

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 MEDI	CAL RESEARCH FOUNI	DATION
d/b/a THE COMMUNITY HOSPITAL against GALLANT INSURANCE PO BOX 388962				
CHICAGO IL 60629		FFICIA	in connection with the	e Notice of
Intention to Hold Ho	ospital Lien which was exec	nt is the properties they 124 TH core	lay of NOVEMBER	19 99
and recorded on the	8 TH day of DECE	MBER 19 99	(as instrument No.	
99101724) (in Hospital Lien Bool	k, Page 99101724) in the office	of the
Recorder of LAKE C	County, Indiana, and was for	the reasonable and ne	ecessary charges for hospi	tal care,
treatment and mainte	enance of TERESA GAB	RIEL	. 0	
Regarding Patient Account Number 747457 in the amount of THREE				
THOUSAND TWENTY-FOUR AND NO/100 Dollars (\$ 3024.00)				
the Recorder is hereby authorized to release said lien solely as to the above described party this				
25 TH day of S	EPTEMBER 20 00	_ < \(\)	/ diams. :	ij
		SHAWN	WILLIAMS-COLLECTIO	N CLERK
(STATE OF INDIAN ((COUNTY OF LAK) SS:			
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 25TH day of My Commission Expi Residing in Lake Cou		— A	Affileer & O'll KATHLEEN O'NEIL	<u>ell</u> 10.00
Residing in Lake County, Indiana This instrument was prepared by SHAWN WILLIAMS Patient Representative, The Community Hospital, 70.00 901 Macarthur Blvd, 361769				
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	•	1	munster in 70 m.	