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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 ST PAUL ECONOMY PO BOX 68975
INDIANAPOLIS IN 46268 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the Ristor day of SEPT 20 00
and recorded on the 15th day of 5ept. 20 00 (as instrument No.
2000 067597) (in Hospital Lien Book, Page 2000 067597) 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 ROBERT STOOKSBURY .
Regarding Patient Account Number 5033594 in the amount of FIFTY-ONE
THOUSAND FIVE HUNDRED FIVE AND 97/100 Dollars (\$ 51,505.97)
the Recorder is hereby authorized to release said lien solely as to the above described party this
25 TH day of SEPTEMBER 20 00 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 25TH day of SEPT 20 00 My Commission Expires: 5-14-08 Residing in Lake County, Indiana

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

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