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JAN 10 2002

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

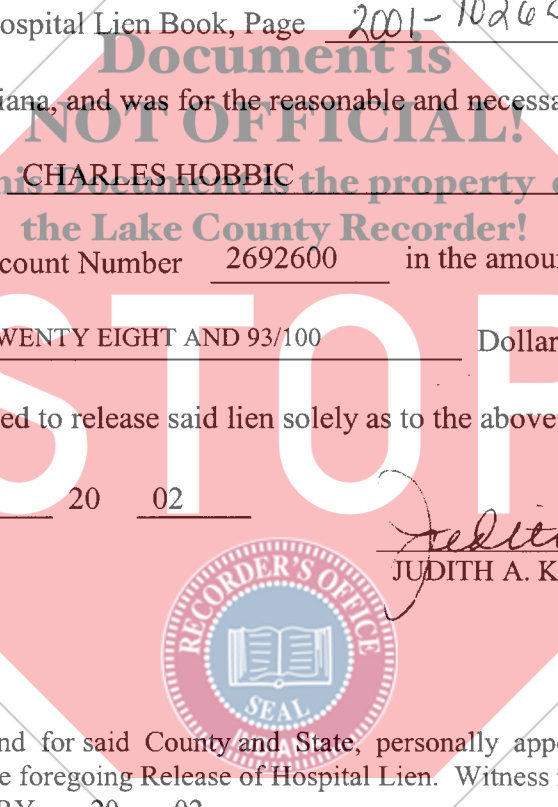
d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE 905 WEST GLEN
PARK AVE GRIFFITH, IN 46319 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of NOVEMBER 20 01

and recorded on the _____ day of _____ 20 _____ (as instrument No.

2692600) (in Hospital Lien Book, Page 2001-102641) 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 CHARLES HOBBIC



Regarding Patient Account Number 2692600 in the amount of ELEVEN

THOUSAND EIGHT HUNDRED TWENTY EIGHT AND 93/100 Dollars (\$ 11,828.93)

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

8TH day of JANUARY 20 02

Judith A. Kloha
JUDITH A. KLOHA-COLLECTION CLERK

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)



Before me, a Notary Public in and for said County and State, personally appeared JUDITH A. KLOHA, who
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal
this 8TH day of JANUARY 20 02

My Commission Expires: 2/14/09
Residing in Lake County, Indiana

Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by JUDITH A. KLOHA Patient Representative, The Community Hospital.

10-11-01
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