The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

## RELEASE OF HOSPITAL LIEN

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This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE 2550 NORTHWESTERN
AVE., WEST LAFAYETTE, IN 47906 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 23rd day of JULY 20 01
and recorded on the 25TH day of JULY 20 01 (as instrument No.
2237180 ) (in Hospital Lien Book, Page 2001058826 ) 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 hiROGER CASEY is the property of.
Regarding Patient Account Number 2237180 in the amount of TWO
THOUSAND FIVE HUNDRED SEVENTY EIGHT AND 25/100 Dollars (\$ 2,578.25 )
the Recorder is hereby authorized to release said lien solely as to the above described party this
18 <sup>TH</sup> day of JANUARY 20 02  JUDITH A. KLOHA-COLLECTION CLERK
(STATE OF INDIANA) (COUNTY OF LAKE)
Before me, a Notary Public in and for said County and State, personally appeared <u>JUDITH A. KLOHA</u> , who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 18 <sup>TH</sup> day of JANUARY 20 02
My Commission Expires: 2/14/09 Residing in Lake County, Indiana  Lisa Ward, Notary Public

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

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