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

SUITE 300B LOMBARD, IL 60148 in connection with the Notice of Intention to Hold Hospital Lien which was executed the 9TH day of FEBRUARY 20 01
and recorded on the 21 ST day of FEBRUARY 20 01 (as instrument No.
1102451) (in Hospital Lien Book, Page 2001012188) 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 hiMAGDALENA DIOShe property of .
Regarding Patient Account Number 1102451 in the amount of FIVE
THOUSAND NINE HUNDRED TWENTY SIX AND 06/100 Dollars (\$ 5,926.06)
the Recorder is hereby authorized to release said lien solely as to the above described party this
18 TH day of JANUARY 20 02
(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 18 TH 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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