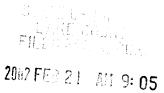
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MURRIS W. UNKIER
RECORDERTHE Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

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 STATE FARM INSURANCE 16 W 84 TH DRIVE against
MERRILLVILLE, IN 46411 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 21 ST day of JANUARY 20 00
and recorded on the 9 TH day of FEBRUARY 20 00 (as instrument No.
8475350) (in Hospital Lien Book, Page 2000009263) 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 ANGELA RUIZ unty Recorder!
Regarding Patient Account Number 8475350 in the amount of THREE
THOUSAND TWO HUNDRED FIFTY AND 80/100 Dollars (\$ 3,250.80)
the Recorder is hereby authorized to release said lien solely as to the above described party this
day of FEBRUARY 20 02 Stalk & Kloka
(STATE OF INDIANA)
COUNTY OF LAKE) SS:
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 his <u>8TH</u> day of FEBRUARY 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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