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MORIGO TO CATHE Community Hospital RECORDE 201 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 FARMERS AUTO CLAIM PO BOX 6100
SOUTH BEND, IN 46660 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 11 <sup>TH</sup> day of JULY 20 0 <b>p</b>
and recorded on the $19^{TH}$ JULY 20 00 (as instrument No.
9112472 ) (in Hospital Lien Book, Page 2000050769 ) 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 h MELINDA UYLAKI the property of
Regarding Patient Account Number 9112472 in the amount of FIVE
THOUSAND FIVE HUNDRED TWENTY NINE AND 75/100 Dollars (\$ 5,529.75 )
the Recorder is hereby authorized to release said lien solely as to the above described party this
day of FEBRUARY 20 02  (STATE OF INDIANA)
(STATE OF INDIANA) ( ) SS: (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 8 <sup>TH</sup> 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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