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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 2550 NORTHWESTERN AVE
WEST LAFAYETTE, IN 47906 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 6 TH day of NOVEMBER 20 01
and recorded on the 19 TH day of NOVEMBER 20 01 (as instrument No.
2752875) (in Hospital Lien Book, Page 2001093865) 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 RUBEN RICHARDSON property of
Regarding Patient Account Number 2752875 in the amount of EIGHT
THOUSAND FIFTY FIVE AND 85/100 Dollars (\$ 8,055.85)
the Recorder is hereby authorized to release said lien solely as to the above described party this
12TH day of FEBRUARY 20 02
(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
this 12TH 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.

10 F 7389338