2017 FETT 3.5 - 235 9: **00**

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 FARM BUREAU 20008 NORTH MAINE ST |
|---|
| CROWN POINT, IN 46307 in connection with the Notice of |
| Intention to Hold Hospital Lien which was executed the 23 RD day of NOVEMBER 20 01 |
| and recorded on the 19 TH day of NOVEMBER 20 01 (as instrument No. |
|) (in Hospital Lien Book, Page 2001093868) 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 hivoJISLAVC KESIC he property of |
| Regarding Patient Account Number 0644703 in the amount of TWO |
| THOUSAND EIGHT HUNDRED TWO AND 75/100 Dollars (\$ 2,802.75) |
| 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) |
| () 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 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.

n.H 389338