The Community Hospital 901 MacArthur Blvd.
Munster, Indiana 46321

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against FARMERS INSURANCE GROUP 27260 HAGGERTY
ROAD, FARMINGTON HILL, MI 48331 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 12 TH day of OCTOBER 20 01
and recorded on the 24 TH day of OCTOBER 20 01 (as instrument No.
) (in Hospital Lien Book, Page 2001085932) 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 hiedward KONDRATe property of
Regarding Patient Account Number 2444763 in the amount of THIRTEEN
THOUSAND EIGHT HUNDRED THIRTY SEVEN AND 50/100 Dollars (\$ 13,837.50)
the Recorder is hereby authorized to release said lien solely as to the above described party this
14TH day of FEBRUARY 20 02
(STATE OF INDIANA) ((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 14 TH 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.