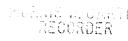
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The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

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 INSURANCE 16 W 84 TH DRIVE
MERRILLVILLE, IN 46410 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 21 ST day of FEBRUARY 20 02
and recorded on the 26 TH day of FEBRUARY 20 02 (as instrument No.
2634767) (in Hospital Lien Book, Page 2002019827) 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 is MARGARET JOHN'S ON property of .
Regarding Patient Account Number 2634767 in the amount of EIGHT
THOUSAND EIGHT HUNDRED FIFTY THREE AND 45/100 Dollars (\$ 8,853.45)
the Recorder is hereby authorized to release said lien solely as to the above described party this
22ND day of APRIL 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 <u>22ND</u> day of APRIL 20 02
My Commission Expires: 2/14/09 Residing in Lake County, Indiana 20 02 Lisa Ward, Notary Public
This instrument was prepared by JUDITH A. KLOHA Patient Representative, The Community Hospital.