

2002 060064

2002 JUL -5 AM 9:01

MORRIS W. CARTER  
RECORDER

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 VALOR INS CO PO BOX 38862  
CHICAGO, IL 60638 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14<sup>TH</sup> day of MARCH 20 02

and recorded on the 28<sup>TH</sup> day of MARCH 20 02 (as instrument No.

3459160 ) (in Hospital Lien Book, Page 2002029383 ) 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 PAUL CHANDLER the property of

**Document is NOT OFFICIAL! the Lake County Recorder!**

Regarding Patient Account Number 3459160 in the amount of FOUR THOUSAND

FIVE HUNDRED THIRTY AND 50/100 Dollars (\$ 4530.50 )

the Recorder is hereby authorized to release said lien solely as to the above described party this

20<sup>TH</sup> day of JUNE 20 02

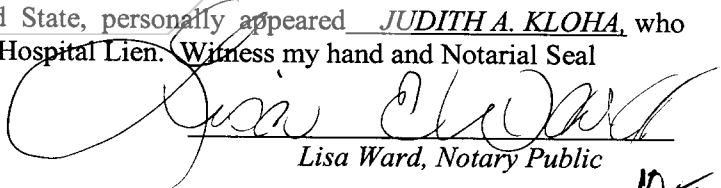
  
JUDITH A. KLOHA-COLLECTION CLERK

(STATE OF INDIANA)  
( ) SS:  
(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 20<sup>TH</sup> day of JUNE 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.

10-71  
396792