

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 AUTO OWNERS INS PO BOX 5009

MISKAWAKA, IN 46546 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27<sup>TH</sup> day of FEBRUARY 20 03

and recorded on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (as instrument No. \_\_\_\_\_

5590085 ) (in Hospital Lien Book, Page \_\_\_\_\_ ) 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 JOHN MALENCHEK

Regarding Patient Account Number 5590085 in the amount of THREE THOUSAND

TWO HUNDRED FORTY ONE AND 25/100 Dollars (\$ 3241.25)

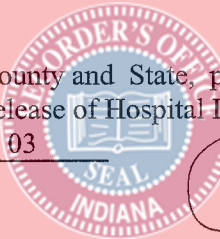
the Recorder is hereby authorized to release said lien solely as to the above described party

10<sup>TH</sup> day of APRIL 20 03

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared JUDITH KLOHA who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 10<sup>TH</sup> day of APRIL 20 03  
My Commission Expires: 2/14/09  
Residing in Lake County, Indiana

*Judith Kloha*  
JUDITH KLOHA-COLLECTION CLERK



This instrument was prepared by JUDITH KLOHA, Patient Representative, The Community Hospital.

2003 APR 28 10:21 AM  
FILED FOR RECORDING  
LAKE COUNTY INDIANA  
JUDITH W. CARP  
RECORDER

10-  
2104  
4/3/09