

The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

~~This~~ ²⁰⁰³⁻¹⁰⁵⁶⁴⁹ certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against ALLSTATE INSURANCE PO BOX 85690

WESTLAND, MI 48185 0690 CL 1567965841 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of JULY 20 03

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

6382456) (in Hospital Lien Book, Page 203-081250) 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 JOSEPH FURMAN

Regarding Patient Account Number 6382456 in the amount of FOUR THOUSAND

TWO HUNDRED TEN AND 00/100 Dollars, (\$ 4210.00)

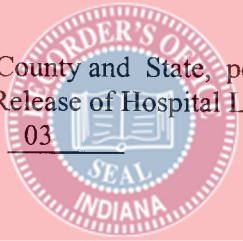
the Recorder is hereby authorized to release said lien solely as to the above described party this

19TH day of AUGUST 20 03


JUDITH 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 KLOHA who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 19TH day of AUGUST 20 03
My Commission Expires: 2/14/09
Residing in Lake County, Indiana




Ltsa Ward, Notary Public

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

10:00
XP
ck
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