

The Community Hospital  
901 MacArthur Blvd.  
Munster, Indiana 46321

**RELEASE OF HOSPITAL LIEN**

2003 105651

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

d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE, P.O. BOX 7617  
LAFAYETTE, IN 47903 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of JULY 20 03  
and recorded on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (as instrument No.

6401760 ) (in Hospital Lien Book, Page 2003-093015 ) 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 RICHARD MATTSON

Regarding Patient Account Number 6401760 in the amount of SEVEN THOUSAND  
FIVE HUNDRED FIFTY EIGHT AND 65/100 Dollars, (\$ 7,558.65 )

the Recorder is hereby authorized to release said lien solely as to the above described party this  
22<sup>ND</sup> day of AUGUST 20 03

*Luann Kieltyka*  
LUANN KIELTYKA - COLLECTION CLERK

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

Before me, a Notary Public in and for said County and State, personally appeared LUANN KIELTYKA who  
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal  
this 22<sup>ND</sup> day of AUGUST 20 03  
My Commission Expires: 2/14/09  
Residing in Lake County, Indiana



*Lisa Ward*  
Lisa Ward, Notary Public

This instrument was prepared by LUANN KIELTYKA, Patient Representative, The Community Hospital.

10.00  
RP

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