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MORRIS 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, 940 BROADWAY, GARY,
INDIANA 46401	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	7TH day of January 20 03
and recorded on the 3 <sup>RD</sup> day of February	20 03 (as instrument No.
	2003011899 ) 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 ROBERT OSTERMAN	nent 18
Regarding Patient Account Number 5282201  This Document is	in the amount of the property of
TWO THOUSAND NINE HUNDRED SIXTY AND 00/100 OUNTY Reco Dollars (\$ 2,960.00	
the Recorder is hereby authorized to release said lien solely as to the	
(STATE OF INDIANA) ( ) SS: (COUNTY OF LAKE )  Before me, a Notary Public in and for said County and State new	LIL DOUGHTY-COLLECTION CLERK
Before me, a Notary Public in and for said County and State, personally appeared <u>LIL DOUGHTY</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>2<sup>ND</sup></u> day of <u>APRIL</u> 20 04  My Commission Expires: <u>2/14/09</u> Residing in Lake County, Indiana	

This instrument was prepared by LIL DOUGHTY, Patient Representative, The Community Hospital.