

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 052474

2005 JUN 27 AM 9: 62

The Community Hospital  
901 MacArthur Blvd.  
Munster, Indiana 46321

MICHAEL A. BROWN  
RECORDER

**RELEASE OF HOSPITAL LIEN**

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

d/b/a THE COMMUNITY HOSPITAL against

OHIO CASUALTY, 1919 S. HIGHLAND AVE., SUITE S300B,

LOMBARD, IL 60148

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

3<sup>RD</sup> day of MAY 20 02

and recorded on the

13<sup>TH</sup> day of MAY 20 02 (as instrument No.

3644006

) (in Hospital Lien Book, Page

2002044312

) 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

DAVID CLEVELAND

Regarding Patient Account Number

3644006

in the amount of

NINETEEN THOUSAND

FOUR HUNDRED FORTY SIX AND 80/100

Dollars (\$

19,446.80

)

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

7<sup>TH</sup> day of JUNE 20 05

(STATE OF INDIANA)

( ) SS:

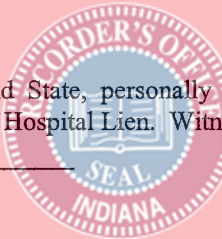
(COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared CHRISTA HACKER who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 7<sup>TH</sup> day of JUNE 20 05

My Commission Expires: 11/21/08

Residing in Lake County, Indiana



*Christa Hacker*  
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  
*Nancy Johnson*  
Nancy Johnson, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

10.00  
CK#  
23571  
D.D.M.