RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by
Main at Franciscan Rd., Crown Point, IN 46307
against Jeffrey James, 12726 Maple St., Cedar Lake, IN 46303 #116051
in connection with
the Notice of Intention to Hold Hospital Lien which was executed
the lst day of April , 19 and recorded on the
17th day of April . 19 86 (as Instrument No. 849841
(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 Jeffrey James
in the amount of 3188.30
Dollars (\$ 3188.30) has been fully paid
and satisfied and the Recorder is hereby authorized to release
said lien solely as to the above-described party this 22nd day
of May , 1986.
RECO
(Signature) \overline{z}
John Douglas
(Printed)
STATE OF INDIANA) SS:
COUNTY OF ALL)
Before me, a Notary Public in and for said County and State, personally appeared, who
acknowledged the execution of the foregoing Release of Hospital Lien.
WITNESS my hand and Notarial Seal this 23 Mday of May.
19 86.
My Commission Expires Signature (Inn) Moulty
Printed - HNN NAU/N Notary Public
Residing in Jake County, Indiana.
Source, amiliana,

This instrument was prepared by Deborah McPhee

Merrillville, IN

St. Anthony Medical Center,

Main at Franciscan Road

Crown Point Indiana 46207

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