

RELEASE OF HOSPITAL LIET

This is to certify that a certain claim by Research Foundation d/b/a The Commun	nity Hospital
against Dale Hubbard	
in connection with the Notice of Intention	•
executed the 10th day of November	, 19 <u>87</u> and recorded on the
13th day of November , 19 87	
(in Hospital Lien Book, Page 949693	
Recorder of Lake County, India	
and necessary charges for hospital care, tr	eaument and maintenance of
Acet. 3771722 in the amount c	six Hundred Seventeen Dollar
and no cents Dollars (\$ 617.00)	
and the Recorder is hereby authorized to re	
above-described party thisda	
	(Signature)
	(Signature)
	Joan F. Glinski (Printed)
STATE OF INDIANA)	Joan_FGlinski (Printed)
STATE OF INDIANA)) ss: COUNTY OF LAKE)	Joan_FGlinski
) ss: COUNTY OF LAKE)	Joan F. Glinski (Printed)
) ss: COUNTY OF LAKE)	Joan F. Glinski (Printed)
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for EDDEared Joan F. Glinski	Joan F. Glinski (Printed)
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for appeared Joan F. Glinski , of the foregoing Release of Hospital Lien.	Joan F. Glinski (Printed) said County and State, personally who acknowledged the execution and state are secution as a securior and se
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for EDDEared Joan F. Glinski	Joan F. Glinski (Printed) said County and State, personally who acknowledged the execution of the execution
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for appeared Joan F. Glinski , of the foregoing Release of Hospital Lien.	Joan F. Glinski (Printed) said County and State, personally who acknowledged the execution and state are secution as a securior and se
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for appeared Joan F. Glinski , of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this	Joan F. Glinski (Printed) said County and State, personally who acknowledged the execution 9th day of December, 19 87
) ss: COUNTY OF LAKE) Before me, a Notary Public in and for appeared Joan F. Glinski , of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this dy Commission Expires:	Joan F. Glinski (Printed) said County and State, personally who acknowledged the execution of the execution