mis is to certify that a certain claim by Munster Medical	
Research Foundation d/b/a The Community Hospital	
againstOndas, Phillip	
in connection with the Notice of Intention to Mold Hospital Lien which was	
executed the 10th day of November , 19 87 and recorded on the	
13th day of November , 19 87 (as Instrument No. 949700 )	
(in Hospital Lien Book, Page 949700 .) 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	
Phillip Ondas .	
Acct. 0604603 in the amount of One Thousand Twenty Four Dollars and	
00/100 Dollars (5 1024.00 ) has been fully paid and satisfied	
and the Recorder is hereby authorized to release said lien solely as to the	
above-described party this 9th day of December , 19 87	
Joan F. Glinski  (Signature)  Joan F. Glinski  (Printed)  PARE  OUNTY OF LAKE  SOUNTY OF LAKE	WILLIAM BLASTIC
Before me, a Notary Public in and for said County and State, personally	X
posared <u>Joan F. Glinski</u> , who acknowledged the execution	
of the foregoing Release of Hospital Lien.	
Witness my hand and Novarial Seal this 9th day of December, 19 87	
My Commission Expires:	 
This instrument was prepared by <u>Joan F. Glinski</u> , Patient Representation of Community Hospital.	<i>i</i> e