| This is to certify that a certain claim byMunster Medical_ | |
|---|--|
| Research Foundation d/b/a The Community Hospital | |
| against Alfonso Borucki | |
| in connection with the Notice of Intention to Hold Hospital Lien | |
| which was executed the $\frac{26\text{th}}{\text{day}}$ of $\frac{\text{May}}{\text{may}}$, $19\frac{88}{\text{may}}$ and re- | |
| corded on the $\frac{31st}{}$ day of $\frac{May}{}$, $19\frac{88}{}$ (as Instrument No. | |
| 979620), (in Hospital Lien Book, Page 979620), in the | |
| Office of the Recorder of Lake County, Indiana, and | |
| was for the reasonable and necessary charges for hospital care, | |
| treatment and maintenance ofAlfonso Borucki | |
| and for value received is here | ьу |
| satisfied in part to the extent of One Thousand Eight Hundred Sixty Five | |
| Dollars and 70/00 (\$ 1865.70) Dollars of the original amount of | rui v Situa |
| Two Thousand Eight Hundred Fifty Nine Dollars and 45/100 (\$ 2859.45) | |
| Dollars, and the Recorder is hereby authorized to release said lien | L |
| to and for said part payment only as to the above-described party | |
| this ^{2nd} day of August , 1988. | |
| J. Shade | |
| (Signature) | CRO R |
| Joan F. Glinski Collection Clerk (Printed); | ECOR |
| | DER |
| STATE OF INDIANA) SS: | |
| COUNTY OF Lake) | |
| Before me, a Notary Public in and for said County and State | |
| personally appeared, who acknows | |
| ledged the execution of the foregoing Partial Release of Hospital | 1. |
| Lien. | A STATE OF THE STA |
| WITNESS my hand and Notarial Seal this 2nd day of August | |
| $f_{ij} \sim f_{ij} \sim f$ | |
| Jansyyl Darley Jimmy N. Barton Not ary Pub | lic |
| My Comm. Expires: 8/7/90 | |
| Resident of Lake County | |
| This instrument was prepared by Joan F. Glinski Patient Representative, The Community Hospital | 1 1111 |
| ratient Representative, the Community hospital | |