RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by M	unster Medical
Research Foundation d/b/a The Community	Hospital
against Sheila Botts	
in connection with the Notice of Intention to H	old Hospital Lien which was
executed the 21st day of June , 19	88 and recorded on the
	s Instrument No. 983346
(in Hospital Lien Book, Page 983346	and the state of
Recorder of Lake County, Indiana,	and was for the reasonable
and necessary charges for hospital care, treatm	
Sheila Botts	
# 4312286 in the amount of F	Four Hundred Sixty Three Dollars
and 20/100 Dollars (\$ 463.20) has	and the second of the second o
and the Recorder is hereby authorized to releas	# 교
above-described party this 2nd day of	
	2 AH
	(Signature)
	(Signature) and making a signature of the control o
	Joan F. Glinski w Sr. (Printed)
STATE OF INDIANA)	A STATE OF S
) ss:	
COUNTY OF LAKE)	
Before me, a Notary Public in and for said	County and State, personally
appeared Joan F. Glinski , who	acknowledged the execution
of the foregoing Release of Hospital Lien.	=///////
Witness my hand and Notarial Seal this 2r	ad day of August , 19 88 7 97 7
	Ω- 8 B/4////
My Commission Expires:	(Signature)
8/7/90	Jimmy N. Barton
Residing in Lake County, Indiana.	(Printed)
	Notary Public
This instrument was prepared by Joan F. Gli	nski Patient Representative

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