

This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital

against Jeffrey Wheeler

in connection with the Notice of Intention to Hold Hospital Lien which was
executed the 1st day of July, 19 87 and recorded on the
7th day of July, 19 87 (as Instrument No. 926562)

(in Hospital Lien Book, Page 926562.) 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 Wheeler
#3513488-3523602 in the amount of Four Thousand Six Hundred Thirty Three
Dollars and 18/00 Dollars (\$ 4633.18) has been fully paid and satisfied
and the Recorder is hereby authorized to release said lien solely as to the
above-described party this 2nd day of August, 19 88.

Joan F. Glinski
(Signature)

Joan F. Glinski
(Printed)

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
AUG 3 11 33 AM '88
FILED FOR RECORD

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 2nd day of August, 19 88.

My Commission Expires:
8/7/90

Jimmy N. Barton
(Signature)

Jimmy N. Barton
(Printed)

Residing in Lake County, Indiana.

Notary Public

This instrument was prepared by Joan F. Glinski, Patient Representative
The Community Hospital.

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