This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Robert Lydick
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 13th day of April , 19 87 and
recorded on the 15th day of April , 1987 (as
instrument No. 911912 (in Hospital Lien Book, Page 911912)
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 Robert Lydick
3344405 in the amount of Five Hundred Twelve Dollars and 00/00
Dollars (\$_512.00 ) As been fully paid and satisfied and the
Recorder is hereby lauthorized to release said lien solely as to
the above-describes party their is the property of February 1992  the Lake County Recorder!  Judith Wolfe, Collection Clerk  (Printed)  SS:  COUNTY OF LAKE  Before me, a Notary Rublic in and For said County and State,
personally appeared
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 17th day of Feb day of 192
My Commission Expires:  (Signature)
11-8-95 Shannon E Schmal
Residing in Lake County, Indiana. (Printed)  Notary Public
This instrument was prepared by <u>Judith Wolfe</u> , Patient
Representative, The Community Hospital.

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