This is to certify that a certain	claim by Munster Medical
Research Foundation d/b/a The Community Hospital	
against State Farm Insurance (Joe Pac	illa Patient)
in connection with the Notice of I	ntention to Hold Hospital Lien
which was executed the 24th day	
recorded on the4th day of _Me	
instrument No. 92027787 (in Ho	
in the office of the Recorder of	· <del></del>
and was for the reasonable and nece	essary charges for hospital care.
treatment and maintenance of Joe Pa	adilla.
	*******
Dollars (\$ 4,090.45 ) has been f	ully paid and satisfied and the
Recorder is hereby authorized to r	nt 18 elease said lien solely as to
the above-described party this	
This Document is the Lake County	26th day of May , 19 92i
the Parc County	accorder.
	Quelith Holle Collection Class
	(Signature)
	Judith Wolfe, Collection Clerk (Printed)
STATE OF INDIANA	RATE OF THE PROPERTY OF THE PR
COUNTY OF LAKE	10 <b>23</b>
Before me, a Notary Public in analy	3)
	22
the execution of the foregoing Release	
Witness my hand and Notarial Seal th	is 26th day of 1997 1 1992
My Commission Expires:	Shannon & Schimas
11-8-95	(Signature)
kesiuing in Lake County, Indiana.	Shannon E. Schmal (Printed)
	Notary Public
This instrument was prepared by Judi	th Wolfe , Patient
Representative, The Community Hospit	al'.
901 Mac arthur 46	3 Blurl.
mundo 46	5 L /