

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

against Dawn Homans 237 Highland St Hammond, In 46320

in connection with the Notice of Intention to Hold Hospital Lien which was executed the 11th day of December, 19 89 and recorded on the 14th day of December, 19 89 (as instrument No. 074573 (in Hospital Lien Book, Page 074573) 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 Dawn Hamans.

1915586 in the amount of One thousand One Hundred Thirty & 65/100

Dollars (\$ 1,130.65) has been fully paid and satisfied and the

Recorder is hereby authorized to release said lien solely as to

the above-described 13th day of May, 19 92.

**Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!**



*Judith Wolfe, Collections Clerk*  
(Signature)

Judith Wolfe, Collections Clerk  
(Printed)

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:



Before me, a Notary Public in and for said County and State, personally appeared Judith Wolfe, who acknowledged

the execution of the foregoing Release of Hospital Lien.

Witness my hand and Notarial Seal this 13th day of May, 19 92.

My Commission Expires:

11-8-95

residing in Lake County, Indiana.

*Shannon E Schmal*  
(Signature)

Shannon E Schmal  
(Printed)

Notary Public

This instrument was prepared by Judith Wolfe, Patient Representative, The Community Hospital.

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JUN 11 12 52 PM '92  
ROBERT H. ...