This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Naomi Berglund 9629 Prairie Ave, Highland, Indiana 46322
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 25th day of January , 1990 and
recorded on the 30th day of January, 19 90 (as
instrument No. 081940 (in Hospital Lien Book, Page 081940)
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 Naomi Berglund .
1919067 in the amount of One Thousand Six Hundred Five and 00/00
Dollars (\$, 605,00) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described partychiant is the property of May , 1992.
Judith Wolfe, Collection Clerk (Printed)
STATE OF INDIANA SS:
COUNTY OF LAKE
Before me, a Notary Public in and for said County and State,
personally appeared, who acknowledged, who acknowledged
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 14th day of May 1992.
My Commission Expires: Suannon Schmace 3
Shannon E.Schmal
kesiding in bake County, Indiana. (Printed)
Notary Public
This instrument was prepared by Judith Wolfe , Patient
Representative. The Community Hospital.

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