This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Angel Aponte
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 30th day of May , 19 89 and
recorded on the 2nd day of June, 19 89 (as
instrument No. 039865 (in Hospital Lien Book, Page 039865)
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 Angel Aponte
4930467 in the amount of Six Thousand Two Seventy Three and 15/100
Dollars (\$ 6,273.15 ) has been faily paid and satisfied and the
Recorder is hereby puthorized to release Asaid lien solely as to
the above-described phroputation is the property of May 3, \$19 92  the Lake County Recorder!  Judith Wolfe, Collection Clerk (Printed)  STATE OF INDIANA COUNTY OF LAKE  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 26th day of May 1992
My Commission Expires:  11-8-95  (Signature)
kesiding in <u>bake</u> County, Indiana. Shannon E. Schmal (Printed) Notary Public
This instrument was prepared by <u>Judith Wolfe</u> , Patient
Representative, The Community Hospital.