This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Anthony Trojnar Sr.
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 2nd day of May , 19 89 and
recorded on the 9th day of May , 19 89 (as
instrument No. 035695 (in Hospital Lien Book, Page 035695)
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 Anthony Trojnar Sr.
4864831 in the amount of Two Thousand Three Thirty Three and 35/100
Dollars (\$ 2,333.35 Charlet fully paid and satisfied and the
Recorder is hereby authorized for elease Asaid lien solely as to
the above-described party list the property of May , 19 92 . the Lake County Recorder! Judith Wolfe, Collection Clerk (Printed) 5 COUNTY OF LAKE Before me, a Notary Public in and for said County and State,
personally appeared, who acknowledged
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 26th, day of May, 19'92.
My Commission Expires: (Signature)
11-8-95 Shannon E. Schmal
kesiding in Lake County, Indiana. (Printed) Notary Public
This instrument was prepared byJudith Wolfe, Patient
Representative, The Community Hospital.