This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Alice Mueller
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 9th day of August , 19 89 and
recorded on the 11th day of August , 19 89 (as
instrument No. 051992 (in Hospital Lien Book, Page 051992)
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 Alice Mueller .
5012612 in the amount of Two Thousand Six Sixty Two and 10/100.
Dollars (\$ 2662.10 ) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to  This Document is the property of
the above-described party this ounty the corder of May 19 92.
STATE OF INDIANA  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
kesiding in Lake County, Indiana. (Printed)
Notary Public
This instrument was prepared by Judith Wolfe , Patient
Representative, The Community Hospital.

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