| This is to certify that a certain claim by Munster Medical Research Foundation d/b/a The Community Hospital | |
|--|-----------------------|
| against David Routh | |
| in connection with the Notice of Intention to Hold Hospital Lien which was executed the | |
| | |
| recorded on the 9th day of November , 19 89 (as | |
| instrument No. 067634 (in Hospital Lien Book, Page 067634) | |
| 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 David Routh | 0.0 |
| | JU. |
| Dollars (\$ 4438.62) has been fully paid and satisfied and the | |
| Recorder is hereby anthorized to release said lien solely as to | |
| the above-describe heartychiaent is the propeday of May , 19 92 . the Lake County Recorder! Collection Clerk Signature Signature | AND CONTRACT CONTRACT |
| 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 (1999) My Commission Expires: | 2 (*) |
| (Signature) | (|
| kesiding in Lake County, Indiana. Shannon E. Schmal (Printed) Notary Public | |
| This instrument was prepared by <u>Judith Wolfe</u> , Patient | |
| Representative, The Community Hospital. | |