This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Gene Rochefort
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 7th day of May , 19 92 and
recorded on the 12th day of May , 19 92 (as
instrument No. 92030025 (in Hospital Lien Book, Page 92030025)
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 Gene Rochefort
7217581 in the amount of Two Thousand Four Hundred Eighty and 85/100.
Dollars (\$ 2480.85) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described Party this is the property of May , 19 92 . the Lake County Recorder! 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
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 26th day of May, 1992.
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.