| This is to certify that a certain claim by Munster Medical            |
|---|
| Research Foundation d/b/a The Community Hospital                      |
| againstVivian Ross  |
| in connection with the Notice of Intention to Hold Hospital Lien      |
| which was executed the 23rd day of February , 19 88 and               |
| recorded on the 29th day of February 19 88 (as                        |
| instrument No. 965813 (in Hospital Lien Book, Page 965813)            |
| 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  |
| 4098182 in the amount of Eight Thousand One Hundred Seventy Three and |
| Dollars (\$ 8173.46 ) has been fully paid and satisfied and the       |
| Recorder is hereby authorized to release said lien solely as to       |
| the above-described party union solely as to                          |
| the Lake County Recorder!   |
| Givento Walfe, Collection Clark (Signature)                           |
| Judith Wölfe, Collection Clerk  (Printed) 2                           |
| 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.              |
| Vitness my hand and Notarial Seal this 9th/ day of June 19 92         |
| dy Commission Expires:  |
| 11-8-95 (Signature)   |
| esigning in Lake County, Indiana. Shannon E. Schmal (Printed)         |
| Notary Public   |
| his instrument was prepared byJudith Wolfe, Patient                   |
| epresentative, The Community Hospital.                                |