RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim b	
Research Foundation d/b/a The Commun	<u> </u>
againstOtho Householder	
in connection with the Notice of Intention	on to Hold Hospital Lien
which was executed the 9th day of Se	
recorded on the 12th day of September	er , 19 88 (as
instrument No. 996869 (in Hospital	Lien Book, Page 996869
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 Otho Househo	lder
in the amount of Six H	lundred Sixty Three and 00/100
ollars (\$ 663.00) has been fully p	aid and satisfied and the
decorder is hereby authorized to release	said high golden and
he above-described party this list	Solution Solety as to
NOTOFFICIA	AL!
This Document is the pro-	
the Lake County Recor	•
	(Signature)
	Judita Wolfe, Collection Clerk
	(Printed)
PATE OF INDIANA) SS:	JUN ZZ
DUNTY OF LAKE	RIT. REL
fore me, a Notary Public in and for said	d County and State, 5
ersonally appeared Judith Wolfe WOLANA	, who acknowledged
e execution of the foregoing Release of	Hospital Lien.
tness my hand and Notarial Seal this 1st	
<u></u> 1	
Commission Expires:	(Signature)
- Control of the Cont	Shannon E. Schmal
siding in Lake County, Indiana.	(Printed)
1 144	Notary Public