This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against White, Michael
in connection with the Notice of Intention to Hold Hospital Lien
which was executed theloth_ day of September, 19 91 and
recorded on the 19th day of September , 19 91 (as
instrument No. 91047352 (in Hospital Lien Book, Page 91047352-)
in the office of the Recorder ofLake County, Indiana,
and was for the reasonable and necessary charges for hospital care,
treatment and maintenance of Michael White
in the amount of Two Thousand Six Hundred Twenty Eight and
Dollars (\$ 2,628.80 has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described party this 17th property of June 19.92.
the Lake County Recorder!
Just Blacker, Collection Click
(Signature)
Toldah Halfa Callegratur Olivela
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 acknowledge&
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 17th day of Jone , 1992
My Commission Expires:
11-8-95 (Signature)
kesiding in <u>bake</u> County, Indiana. Shannon E. Schmal (Printed)
Notary Public
This instrument was prepared by Judith Wolfe , Patient
Representative, The Community Hospital.
901 mac Outhon Blud
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