This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Lewandowski, Irene
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 31st day of August , 19 87 and
recorded on the 3rd day of September , 19 87 (as
instrument No. 936397 (in Hospital Lien Book, Page 936397)
in the office of the Recorder of Lake County, Indiana,
and was for the reasonable and necessary charges for hospital care,
treatment and maintenance ofIrene Lewandowski
- 3671211in the amount of _One Thousand Forty Dollars and 15/100
Dollars (\$15,040.15) Das conneulty paid and satisfied and the
Recorder is hereby authorized to release said Tien solely as to
the above-described is a to this with the property of June 19 92
the Lake County Recorder!
Gutith Wolfe Colliction Cli
(Signature)
Judith Wolfe, Collection, Clerk (Printed)
STATE OF INDIANA
COUNTY OF LAKE SS:
Before me, a Notary Public in and for said County and State,
personally appeared
the execution of the foregoing Release of Hospital Lien.
Witness my hand and water to a control of
My Commission Expires: (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 arthur Blod. Menster In.
menater 2n.
カードリンス [