This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against John Estrada, Sr.
in connection with the Notice of Intention to Hold Hospital Wien
which was executed the 14th day of April 19 92 and
recorded on the 21st day of April , 1992 (as
instrument Nov. 92024116 (I'n Hospital Lien Book, Page 92024116),
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 John Estrada, Sr.
92024116 in the amount of Three Thousand Three Hundred and Eight and
Dollars (\$ 3,308.15)
Recorder is hereby authorized to merease sand lien solely as to:
the above-described party this is the property off July 1992
the Lake County Recorder!
(Signature)
Judith Wolfe
STATE OF INDIANA COUNTY OF LAKE SS:
The state of the s
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 Notarial Seal this 20thday of _July /, 19.92 (
My Commission Expires:
11-8-95 (Signature)
Residency In Lake County, Indiana. hannon (Printed)
Notary Public

This instrument was prepared by <u>Judith Wolfe</u>, Patient

Representative, The Community Hospital

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