This is to certify that a certain clai	
against <u>Bafaloukos, Toula</u>	
in connection with the Notice of Inten	
which was executed the _6th day of	
recorded on the 15th day of October	
instrument No. 824371 (In Hospi	
in the office of the Recorder of Lake	
and was for the reasonable and mecessar	
treatment and maintenance ofToula_B	
in the amount of	
Dollars (\$ 927.95 has been fully	
Recorder is hereby author ned to rete	
the above-described party this FF4LC	IALL Solely as to
This Document is the pr	roperty of
the Lake County Red	Judith Wolfe, Collection Clerk  (Printed)
STATE OF INDIANA	
COUNTY OF LAKE	aid County and State,
Before me, a Notary Public in and for s	aid County and State,
personally appearedJudith Wolfe	, who acknowledged
the execution of the foregoing Release	of Hospital Lien.
Witness my hand and Notarial Seal this	day of July 19 92
My Commission Expires:	3 Krown Du > Xchimal
11-8-95	(Signature)
Residing In <u>make</u> County, Indiana.	Shannon E. Schmal (Printed)  Notary Public
h::\ h	, ¢
This instrument was prepared byJudith	Wolfe , Patient

Representative, The Community Hospital.