This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Jose Hurtado
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the24th day of _July, 19 90 and
recorded on the 8th day ofAugust, 19 90_ (as
line Hognitant title and the state of the st
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 _Jose Hurtado
in the amount of Four Thousand Three Hundred Thirty Seven and Dollars (\$ 4,337.35
35/100
TYTHE FULL TOLLEGE AND THE TELEPOOR
the above-described party this entire property of July 19 92: 10 the Lake County Recorder!
the Lake County Recorder:
futtelial.
(Signature)
STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA
COUNTY OF LAKE
Before me, a Notary Public in and for said County and State,
Judith Wolfe Who acknowledge
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 28th day of July , 19 92.
My Commission Expires:
11-8-95 Signature)
kesiding in bake County, Indiana Shannon E. Schmal (Printed)
Notary Public
This instrument was prepared by <u>Judith Wolfe</u> , Patient
Representative, The Community Hospital
7 901 Macarthur Munster 46321
Munster 46321

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