This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against <u>Gutierrez, Roberto</u> (Michael Gutierrez Patient)
in connection with the Notice of Intention to Hold Hospital Lien.
which was executed the 16th day of April , 1990 and
recorded on the 25th day of April , 19 90 (as
instrument No. 097011 (in Hospital Lien Book, Page 097011)
in the office of the Recorder of County, Indiana,
and was for the reasonable and necessary charges for hospital care,
treatment and maintenance ofMichael Gutierrez
in the amount of One Thousand Four Hundred Eighteen and 81/100
Dollars (\$ 1,418.81   Dostern Evily Said and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described space unterest is the property of July , 19 92 . the Lake County Recorder!
STATE OF INDIANA  COUNTY OF LAKE  Before me, a Notary Public in and for said County and State,  personally appeared  Judith Wolfe  who acknow Fedged  Judith Wolfe  who acknow Fedged
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this day of, 19 62
My Commission Expires:
11-8-95 (Signature)
Residing in <u>make</u> county, Indiana.  Shannon E. Schmal——— (Printed)  Notary Public
This instrument was prepared byJudith Wolfe, Patient
Representative, The Community Hospital.
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