This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Herlitz, Annette
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 10th day of June, 1992 and
recorded on the 22nd day of June , 1992 (as
instrument No. 92039988 (in Hospital Lien Book, Page )
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 Herlitz, Annette
7221740 in the amount of One Thousand Four Hundred Fifty Three and
Dollars (\$ 1,453.75 ) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described party thisnt is the property of August, 1992.
the Lake County Recorder!
(Signature)
Judith Wolfe ROBE FILE
CPrintedly Control of the control of
STATE OF INDIANA SS:
COUNTY OF LAKE
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 5th day of Jung , 1992
My Commission Expires: (Signature)
11-8-95 Shannon E. Schmal
kesiding in make County, Indiana. (Printed)
Notary Public
This instrument was prepared by <u>Judith Wolfe</u> , Patient
Representative, The Community Hospital.
Munster 46321
7 Munster 4632/