This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against James Jendreas 510 Ben Drive, Schererville, IN 46375
in connection with the Notice of Intention to Hold Hospital Lienco
which was executed the 11th day of February 19 94 And S
which was executed the 11th day of February, 19 94 Tand recorded on the 15th day of February, 19 94 (as 2 4
Instrument No. 94011924 (In Hospital Lien Book, Page 94011924)
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
in the amount of One Thousand Two Hundred Twenty Eight and
00/100 Dollars (\$ 1,228.00 ) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described party thist is 18th properday of April , 19 94
STATE OF INDIANA SS:  COUNTY OF LAKE  Before me, a Notary Public in and for said County and State,  personally appeared Susan E. Roberts , who acknowledged
Witness my hand and Notarial Seal this 8th day of April 1994.  My Commission Expires:  11-8-95  Shannon E. Schmal (Printed)  Notary Public
This instrument was prepared by, Susan E. Roberts, Patient
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Representative. The Community Hospital.

A CONTRACTOR OF THE PARTY OF TH