RELEASE OF HOSPITAL LIEN

| against Raymond Ivers In connection with the Notice of Intention to Hold Hospital Lien which was executed the 3rd day of December 19 86 (as instrument No. R89509) (in Hospital Lien Book, Page 889509 .) 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 Raymond Ivers in the amount of Nineteen Thousand Three Hundred Tand 90/100 Dollars (\$19,302.90) has been fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above-described party this 24tday of February, 1987. STATE OF INDIANA) Before me, a Notary Public in and for said County and Sate, Affect (Signature) Dorcen F. Sanders (Printed) STATE OF INDIANA SS: COUNTY OF Lake Doreen F. Sanders , who acknowledged the sersonally appeared Doreen F. Sanders , who acknowledged the sersonally appeared Doreen F. Sanders Witness my hand and Notarial Seal this 24th day of February 9 87 . 10 Commission Expires Signature Signature Notary Public No | This is to certif | y that a certain claim by Munster Research Foundati |
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| An openection with the Notice of Intention to Hold Hospital Lien which was executed the3rdday ofDecember | d/b/a Community i | lospital |
| executed the | against Raymond Ivers | mm 44 v VIII mm FA - white for the control of the c |
| (in Hospital Lien Book, Page 889509 .) 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 Raymond Ivers in the amount of Nineteen Thousand Three Hundred T and 90/100 Dollars (\$ 19,302.90) has been fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above-described party this 24 May of February, 1987. STATE OF INDIANA SS: Description of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 24th day of February 987. Signature Signatur | In connection with the Noi | tem of Intention to Hold Hospital Lien which was |
| (in Hospital Lien Book, Page 889509 .) 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 Raymond Ivers in the amount of Mineteen Thousand Three Hundred I and 90/100 Dollars (\$ 19,302.90) has been fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above-described party this 24tday of February,1987. STATE OF INDIANA SS: Dorean F. Sanders (Printed) Before me, a Notary Public in and for said County and Sate, A Sersonally appeared Dorean F. Sanders , who acknowledged the sersonally appeared Dorean F. Sanders Signature Sersonally appeared Dorean F. Sanders Signature Sersonally sersonally sersonally appeared Dorean F. Sanders Signature Sersonally ser | executed the 3rd day of | December |
| Recorder of LakeCounty, Indiana, and was for the reasonable and necessary charges for hospital care, treatment and maintenance of in the amount of Nineteen Thousand Three Hundred I and 90/100 Dollars (\$ 19,302.90) has been fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above-described party this 24tday of February,1987 . | 5th day of December | ,19 86 (as instrument No. 889509) |
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| and 90/100 Dollars (\$ 19,302.90) has been fully paid and satisfied and the Recorder is hereby authorized to release said lien solely as to the above-described party this | | |
| STATE OF INDIANA Solution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this | | |
| STATE OF INDIANA Before me, a Notary Public in and for said County and Sate, Notary Public in Standard Secution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Scal this24th_day ofFebruary | | |
| STATE OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND ANT COUNTY Before me, a Notary Public in and for said County and Sate, AND ANT COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND ANT COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND ANT COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND ANT COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND ANT COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Extract OF INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County INDIANA SS: Defore me, a Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County and Sate, AND COUNTY Notary Public in and for said County and Sate, AND COUNTY Notary Public in and | | • |
| STATE OF INDIANA SS: OUNTY OF Lake Before me, a Notary Public in and for said County and Sate, MAN Secution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Scal this 24th day of February 9 87 y Commission Expires 5/9/90 Printed James LP Yerovsky Notary Public esiding in Lake County, Indiana | sorery as to the above-des | cribed party this |
| STATE OF INDIANA SS: OUNTY OF Lake Before me, a Notary Public in and for said County and Sate, MAN Secution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Scal this 24th day of February 9 87 y Commission Expires 5/9/90 Printed James LP Yerovsky Notary Public esiding in Lake County, Indiana | | Day on of Sandar. |
| SS: COUNTY OF Lake SS: Before me, a Notary Public in and for said County and State, AA COUNTY of Lake Doreen F. Sanders , who acknowledged the Sanders , who acknowledged the Xecution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Scal this 24th day of February 9 87 . Y Commission Expires Signature James LD Yarovsky Notary Public Notary Public Signature Notary Public Notary Public Signature Notary Public Notary Public Notary Public Signature Notary Public Notary Public Signature Signatu | | (Signature) |
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| Before me, a Notary Public in and for said County and State, A COUNTY OF Lake Before me, a Notary Public in and for said County and State, A COUNTY OF Lake Ersonally appeared Doreen F. Sanders , who acknowledged the county are considered to the county and State, A COUNTY OF LAKE A COUNTY AND ACKNOWLEDGED TO THE COUNTY AND ACKNOWLEDGED TO | | TE ROW. |
| Before me, a Notary Public in and for said County and State, AND STOCK or sonally appeared Doreen F. Sanders, who acknowledged the xecution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 24th day of February 9 87 y Commission Expires Signature |) | 20 E P P P P P P P P P P P P P P P P P P |
| Before me, a Notary Public in and for said County and Sate, 250 cersonally appeared Doreen F. Sanders, who acknowledged the xecution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Scal this 24th_day of February 9 87 Signature | | |
| ersonally appeared | , | 75 111 50 |
| Witness my hand and Notarial Seal this 24th day of February 9 87 y Commission Expires 5/9/90 Printed James LD Yarovsky Notary Public esiding in Lake County, Indiana | | 7 237 |
| Witness my hand and Notarial Scal this 24th day of February 9 87 y Commission Expires 5/9/90 Printed James L. Yarovsky Notary Public esiding in Lake County, Indiana | ersonally appeared Dor | een F. Sanders , who acknowledged the |
| y Commission Expires 5/9/90 Printed James L. Yarovsky Notary Public esiding in Lake County, Indiana | xecution of the foregoing | Release of Hospital Lien. |
| 5/9/90 Printed James L. Yarovsky Notary Public esiding in Lake County, Indiana | Witness my hand as | nd Notarial Scal this 24th day of February |
| 5/9/90 Printed James L. Yarovsky Notary Public esiding in Lake County, Indiana | 9 87 | |
| Notary Public Notary Notary Public Notary No | y Commission Expires | Signature January January |
| | 5/9/90 | Printed James LD Yarovsky |
| | | Notary Public |
| | esiding in La | ke County, Indiana |
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