RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim	by Munster Research Foundation
d/h/a Community Hospital	
against Raymond Ivers	
in connection with the Notice of Intention to H	old Hospital Lien which was
executed the 7th day of January , 19	87 and recorded on the
8th day of January ,19 87 (as i	nstrument No. 895620
(in Hospital Lien Book, Page 895620.) in the office of the
Recorder of Lake County, Indiana, an	d was for the reasonable
and necessary charges for hospital care, treatm	ent and maintenance of
Raymond Ivers	
in the amount of Si	x Hundred Fifty One and 50/100
) has been fully paid
and satisfied and the Recorder is hereby author:	
solely as to the above-described party this 2	4ch day of February 17 07
	Dorlen J. Sanders (Signature)
	(Signature)
	Doreen F. Samers
	(Printed) & Com
•	EEO RICH
STATE OF INDIANA SS:	ARD PONE 48
COUNTY OF Lake	POWIJ IND
Before me, a Notary Public in and for s	said County and State
personally appeared <u>Doreen F. Sanders</u> , wi	o acknowledged the
execution of the foregoing Release of Hospital 1	io acknowledged the 46807 NIY
Witness my hand and Notarial Scal this	24th day of February
dy Commission Expires Signate	
5/9/90 Printer	do a series
Frince	Notary Public
desiding in Lake County, Indian	a service of the serv
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	,
This instrument was prepared by Doreer	F. Sanders

Patient Representative, The Community Hospital.

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