RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by	Munster Medical
Research Foundation d/b/a The Communi	ty Hospital
against Bernice Sanders	
in connection with the Notice of Intention to	o Hold Hospital Lien which was
executed the 28th day of June	19 88 and recorded on the
30th day of, 19_88	(as Instrument No. 985028)
(in Hospital Lien Book, Page 985028	.) in the office of the
Recorder of Lake County, Indiana	a, and was for the reasonable
and necessary charges for hospital care, trea	atment and maintenance of
Bernice Sanders	
#4324182 in the amount of	Three Hundred Sixty Three Dollars
and no cents Dollars (\$ 363.00)	
and the Recorder is hereby authorized to rele	
above-described party this 2nd day	of August , 19 88 .
	CROW
	(Signature) Joan F. Glinski (Printed)
STATE OF INDIANA)	
) ss: COUNTY OF LAKE)	e di 3
Before me, a Notary Public in and for sa	aid County and State, personally
appeared	
Witness my hand and Notarial Seal this_	2nd day of Aug. , 19 88
My Commission Expires:	Janny J. Salos (Signature)
8/7/90	
Residing in Lake County, Indiana.	Jimmy N. Barton (Printed) Notary Public
This instrument was prepared by	-
The Community: Hospital	LIUDAL