This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital
against Klemoff, Roger
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 5th day of July , 1988 and
recorded on the 8th day of July , 1988 (as
instrument No. 986023 (in Hospital Lien Book, Page 986023)
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 Roger Klemoff
4271912 in the amount of Five Hundred Five Dollars and 50/100
Dollars (\$ 505.50 has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described party this is 28th property of May 19 92
STATE OF INDIANA )  SS:  COUNTY OF LAKE  Before me, a Notary Rublic in and for said county and State    T
personally appearedJudith Wolfe, who acknowledged
the execution of the foregoing Release of Hospital Lien.
Witness my hand and Notarial Seal this 28th day of May 11992
My Commission Expires: Manager (Signature)
11-8-95 Shannon E. Schmal
kesiding in <u>make</u> County, Indiana. (Printed)
Notary Public
This instrument was prepared by Judith Wolfe , Patient .
Representative, The Community Hospital.