This is to certify that a certain	claim by Munster Medical
Research Foundation d/b/a The Community Hospital	
against Koonce, Peggy	\
in connection with the Notice of 1 which was executed the 27th day of A	ay of July 19: 87 and
instrument No. 931352 (in F	
in the office of the Recorder of _	Lake County, Indiana,
and was for the reasonable and nec	essary charges for hospital care.
treatment and maintenance of Pegg	
in the amount	of Six Hundred Twenty Six and 00/100
Dollars (\$7626,00	fully paid and satisfied and the
Recorder is hereby authorized to	releaseAsaid lien solely as to
the above-described party this nailt	the property of June 1'9, 92
ST	Gudith Walfe Culiction Club (Signature)
STATE OF INDIANA COUNTY OF LAKE	Judith Wolfe, Collection Clerk (Printed) ROBER RE
Before me, a Notary Public in and f	
personally appeared	who acknowledged
Witness my hand and Notarial Seal t	his 17th day of June 1, 1992
My Commission Expires:	Shanna Elmol (Signature)
kesiding in <u>Lake</u> County, Indiana.	Shannon E. Schmal (Printed) Notary Public
This instrument was prepared by Judi	th Wolfe , Patient
Representative, The Community Hospit	
901 Mac arthur munoter	Blud.
7	4-6321

700 CK