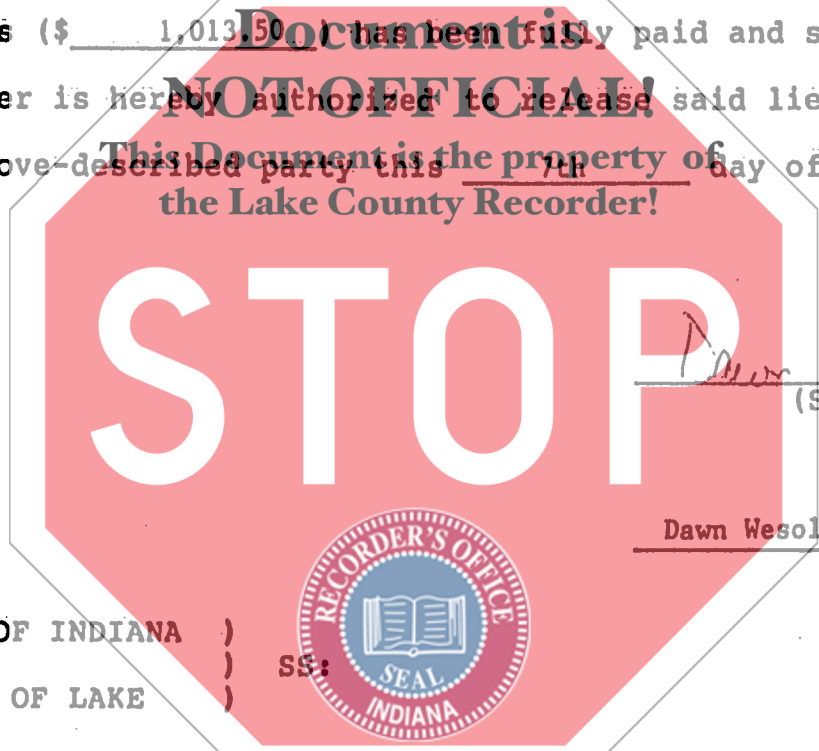


RELEASE OF HOSPITAL LIEN

94002853

This is to certify that a certain claim by Munster Medical
Research Foundation d/b/a The Community Hospital ←
against Darwin Wells, 6628 Alexander Avenue, Hammond, IN 46323
in connection with the Notice of Intention to Hold Hospital Lien
which was executed the 22nd day of October, 19 93 and
recorded on the 26th day of October, 19 93 (as
instrument No. 93070331 (in Hospital Lien Book, Page 93070331)
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 Denise Wells.

1497031 in the amount of One Thousand Thirteen And 50/100
Dollars (\$ 1,013.50) has been fully paid and satisfied and the
Recorder is hereby authorized to release said lien solely as to
the above-described party this 7th day of January, 19 94.



Dawn Wesolowski
(Signature)

Dawn Wesolowski
(Printed)

STATE OF INDIANA)
)
COUNTY OF LAKE)



STATE OF INDIANA
FILED
JAN 11 8 49 AM '94
RECORDER'S H

Before me, a Notary Public in and for said County and State
personally appeared Dawn Wesolowski, who acknowledged
the execution of the foregoing Release of Hospital Lien.

Witness my hand and Notarial Seal this 7th day of January, 19 94

My Commission Expires:
11-8-95

Shannon E. Schmal
(Signature)

Shannon E. Schmal
(Printed)
Notary Public

residing in Lake County, Indiana.

This instrument was prepared by Dawn Wesolowski, Patient
Representative, The Community Hospital.

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