

5454 Johnson Ave
Hammond 46320

815051

SAINT
MARGARET
HOSPITAL
OF HAMMOND

RELEASE OF HOSPITAL LIEN

TO: Lake County Recorder
2293 North Main Street
Crown Point, IN 46307

RE: MC GOWAN, CHARLENE R.

ACCOUNT NO.: 313205201-4

BALANCE DUE: 0.00

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 9 11 25 AM '85
RUDDOLPH CLAY
RECORDER

Saint Margaret Hospital hereby releases our Hospital Lien Number
313205201-4 which we mailed to your division on
FEBRUARY 9, 1984. We have received payment in full for our
services.

Released by: *Nancy M. Sprinkles*
(Signature)
NANCY M. SPRINKLES
(Printed)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally
appeared TERRY L. JOHNSON, who acknowledged
the execution of the foregoing Sworn Statement and Release of Hospital Lien,
and who, having been duly sworn, under the penalties of perjury, stated that
the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 1st day of AUGUST,
19 85.

My Commission Expires

Signature

Terry L. Johnson

Terry L. Johnson, Notary Public

Printed

TERRY L. JOHNSON

Lake County, Indiana

Notary Public

Commission expiration date 4/14/87

Residing in Lake

County, Indiana.

SMH-1459
8/84

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