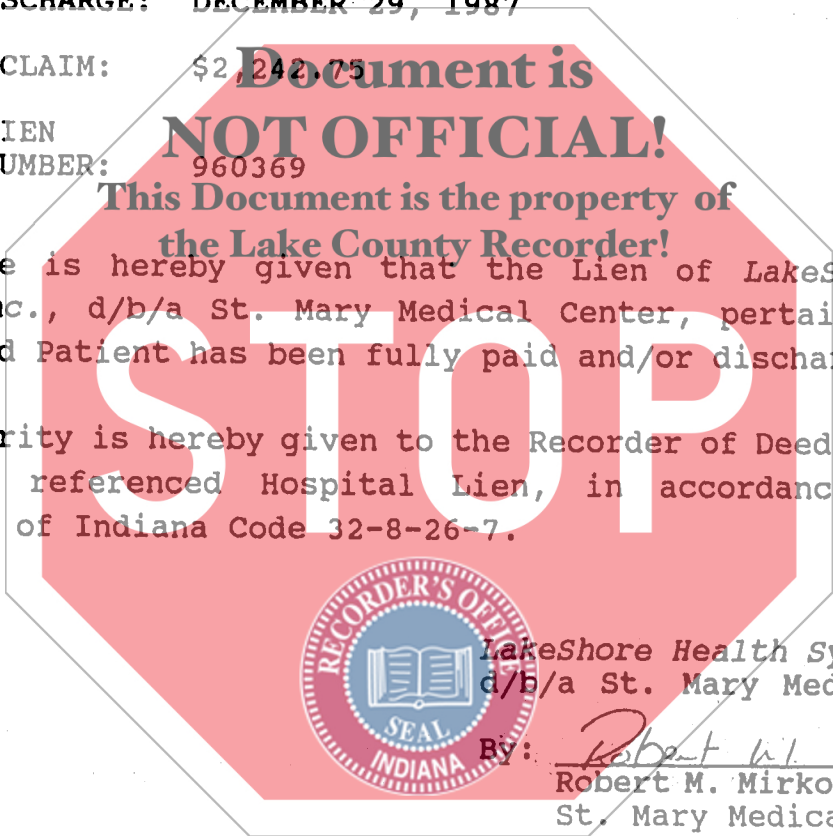


100039

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

PATIENT NAME: JUAN SOLORIO
DATE OF ADMISSION: DECEMBER 26, 1987
DATE OF DISCHARGE: DECEMBER 29, 1987
AMOUNT OF CLAIM: \$2,242.75
HOSPITAL LIEN DOCUMENT NUMBER: 960369

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 11 12 55 PM '90
ROBERT M. MIRKOV
RECORDER



Notice is hereby given that the Lien of LakeShore Health System, Inc., d/b/a St. Mary Medical Center, pertaining to the above-named Patient has been fully paid and/or discharged.

Authority is hereby given to the Recorder of Deeds to release the above referenced Hospital Lien, in accordance with the provisions of Indiana Code 32-8-26-7.

LakeShore Health System, Inc.,
d/b/a St. Mary Medical Center
By: Robert M. Mirkov
Robert M. Mirkov, Attorney
St. Mary Medical Center

cc: Indiana Department Of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This Instrument Prepared By
The Law Offices Of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

→ Robert M Mirkov atty

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