CERTIFICATE OF RELEASE OF HOSPITAL LIEN

PATIENT NAME:

ELBERT TWEED

DATE OF ADMISSION:

SEPTEMBER 04, 1987

DATE OF DISCHARGE:

OCTOBER 29, 1987

AMOUNT OF CLAIM:

\$67 Document is

HOSPITAL LIEN
DOCUMENT NUMBER

NOT OFFICIAL!

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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.

By:
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
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