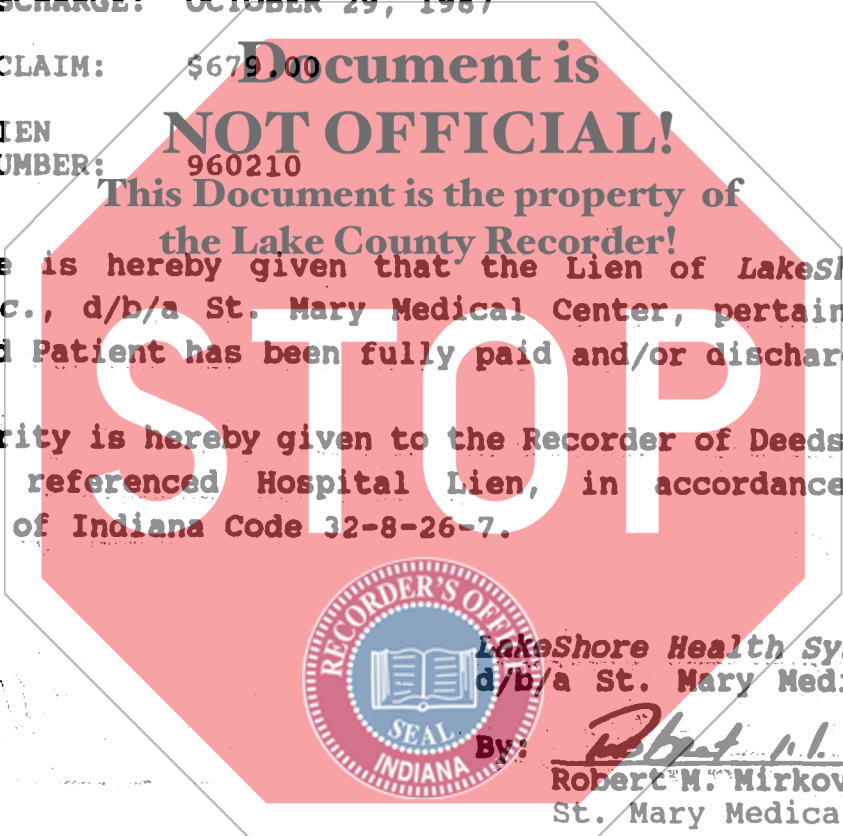


100676

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: \$679.00
HOSPITAL LIEN DOCUMENT NUMBER: 960210

STATE OF INDIANA/S.S. NO.
LAKESHORE HEALTH SYSTEM
FILED FOR RECORD
MAY 16 10 04 AM '90
ROBERT M. MIRKOV
RECORDER



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



5.00
OK