

104714

**CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN**

PATIENT NAME: ARLENE ALMEDINA

DATE OF ADMISSION: OCTOBER 16, 1988

DATE OF DISCHARGE: OCTOBER 18, 1988

AMOUNT OF CLAIM: \$1,438.50

HOSPITAL LIEN DOCUMENT NUMBER: 006822
This Document is the property of the Lake County Recorder!

Notice is hereby given that the Lien of Lakeshore Health System, Inc., d/b/a St. Catherine Hospital, 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 32-8-25-7.



Lakeshore Health System, Inc.,
d/b/a St. Catherine Hospital

By: *Robert M. Mirkov*
Robert M. Mirkov, Attorney
St. Catherine Hospital

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

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
JUN 8 10 07 AM '90
ROBERT M. MIRKOV
RECORDER

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