

91008370

**CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN**

**PATIENT NAME:** PEYMON TORABI  
**DATE OF ADMISSION:** NOVEMBER 6, 1990  
**DATE OF DISCHARGE:** NOVEMBER 6, 1990  
**AMOUNT OF CLAIM:** \$1,378.90

**HOSPITAL LIEN  
DOCUMENT NUMBER:** 91003464

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
FEB 22 10 33 AM '91  
ROBERT M. MIRKOV  
RECORDER

**Document is  
NOT OFFICIAL!**

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  
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