

91008371

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

PATIENT NAME: MELVIN BUTLER  
DATE OF ADMISSION: FEBRUARY 4, 1989  
DATE OF DISCHARGE: FEBRUARY 15, 1989  
AMOUNT OF CLAIM: \$7,267.00

HOSPITAL LIEN  
DOCUMENT NUMBER: 025273

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.

STOP



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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