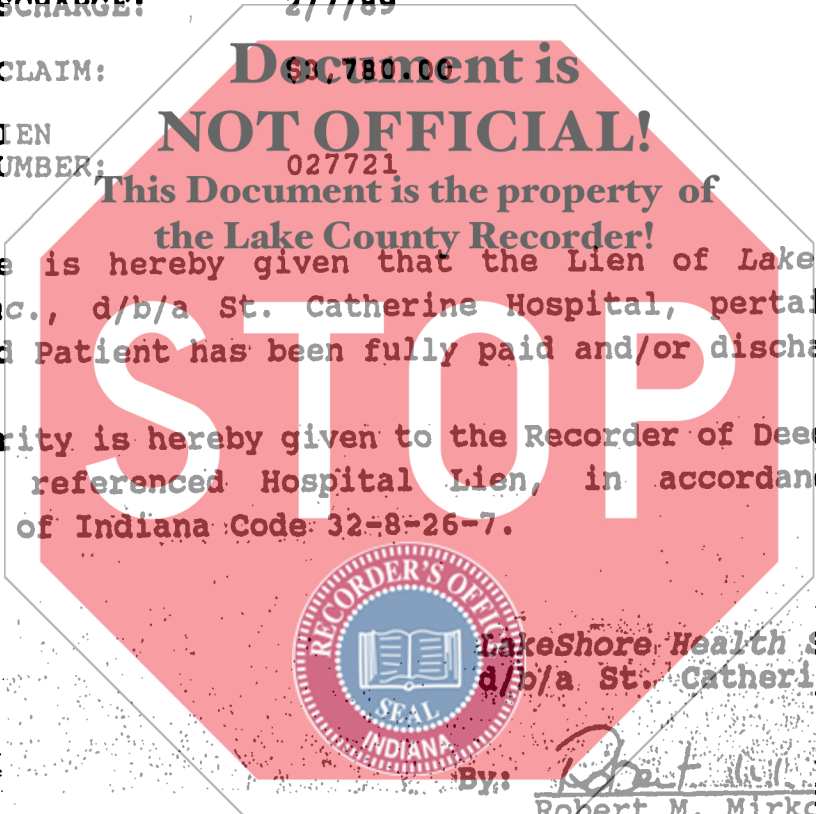


91008467

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

PATIENT NAME: REBECCA SORGE  
DATE OF ADMISSION: 2/2/89  
DATE OF DISCHARGE: 2/7/89  
AMOUNT OF CLAIM: \$1,000.00  
HOSPITAL LIEN DOCUMENT NUMBER: 027721

STATE OF INDIANA/S.S. NO.  
FEB 22 1 31 PM '91  
RECORDED  
BLANC



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 32-8-26-7.

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

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