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CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

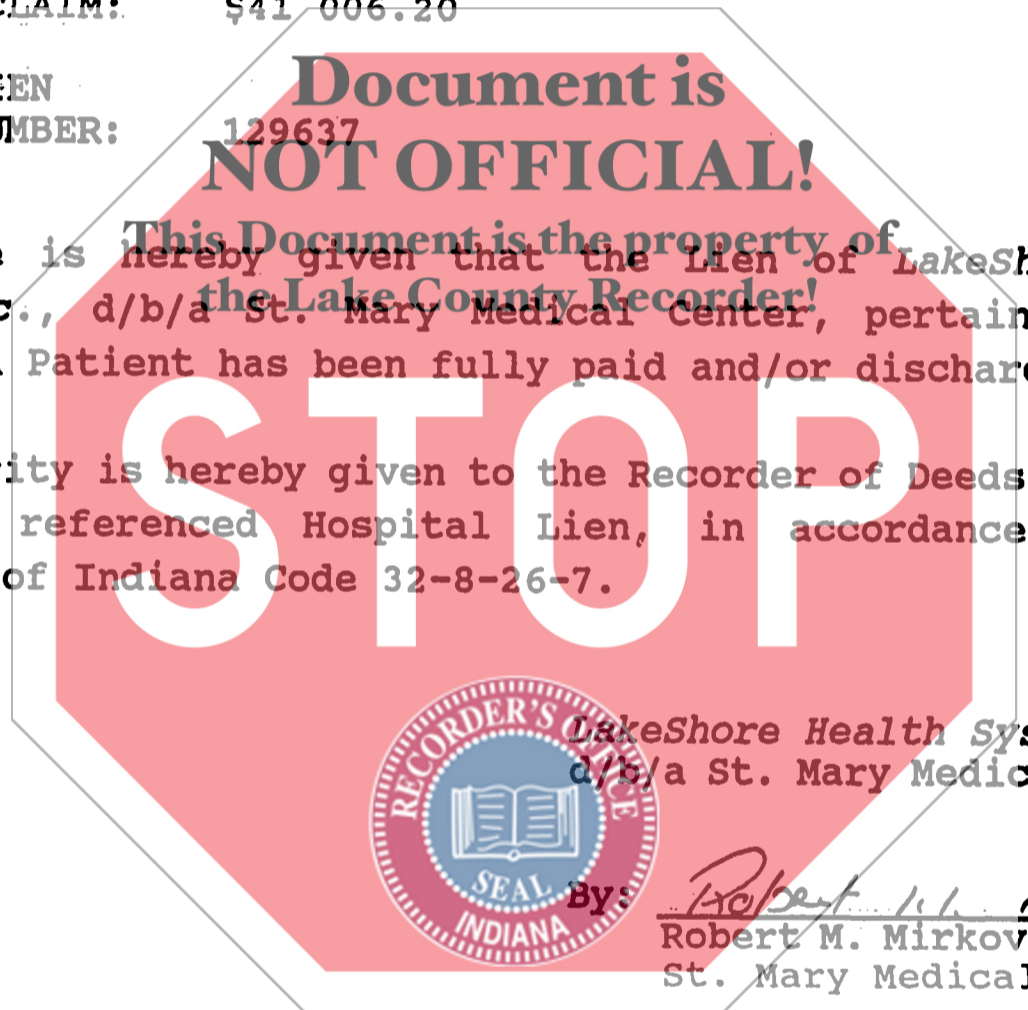
PATIENT NAME: DIANA WESBY  
DATE OF ADMISSION: SEPTEMBER 8, 1990  
DATE OF DISCHARGE: SEPTEMBER 25, 1990  
AMOUNT OF CLAIM: \$41,006.20  
HOSPITAL LIEN DOCUMENT NUMBER: 129637

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
RECORDS  
FEB 25 9 30 AM '91  
ROBERT M. MIRKOV  
ATTORNEY

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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