

91016516

**CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN**

PATIENT NAME: DJUANA M. TRUSS
DATE OF ADMISSION: OCTOBER 13, 1990
DATE OF DISCHARGE: OCTOBER 18, 1990
AMOUNT OF CLAIM: \$5,649.35

**HOSPITAL LIEN
DOCUMENT NUMBER:** 134146

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED OR RECORD
APR 9 9 26 AM '91
ROBERT M. MIRROR
REORDER

**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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