

91016824

**CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN**

PATIENT NAME: JOSEPH D. GATES

DATE OF ADMISSION: 1-18-90

DATE OF DISCHARGE: 1-21-90

AMOUNT OF CLAIM: \$2,083.50

HOSPITAL LIEN

DOCUMENT NUMBER: 084517

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED
APR 10 10 09 AM '91
ROBERT M. MIRKOV
RECORDER



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
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