

91019182

**CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN**

PATIENT NAME: LIZZIE HILL
DATE OF ADMISSION: JUNE 11, 1990
DATE OF DISCHARGE: JUNE 24, 1990
AMOUNT OF CLAIM: \$17,323.75

**HOSPITAL LIEN
DOCUMENT NUMBER:** 113649

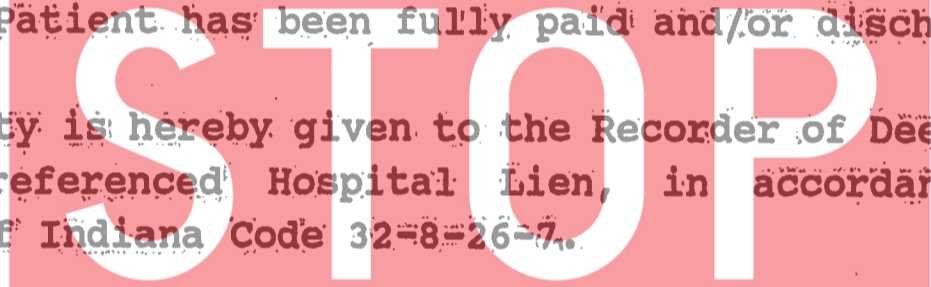
STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR
APR 23 9 30 AM '90
ROBERT "BOB" FREELAND
RECORDER

**Document is
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This Document is the property of

the Lake County Recorder.
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
The Law Offices Of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

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