

91021309

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

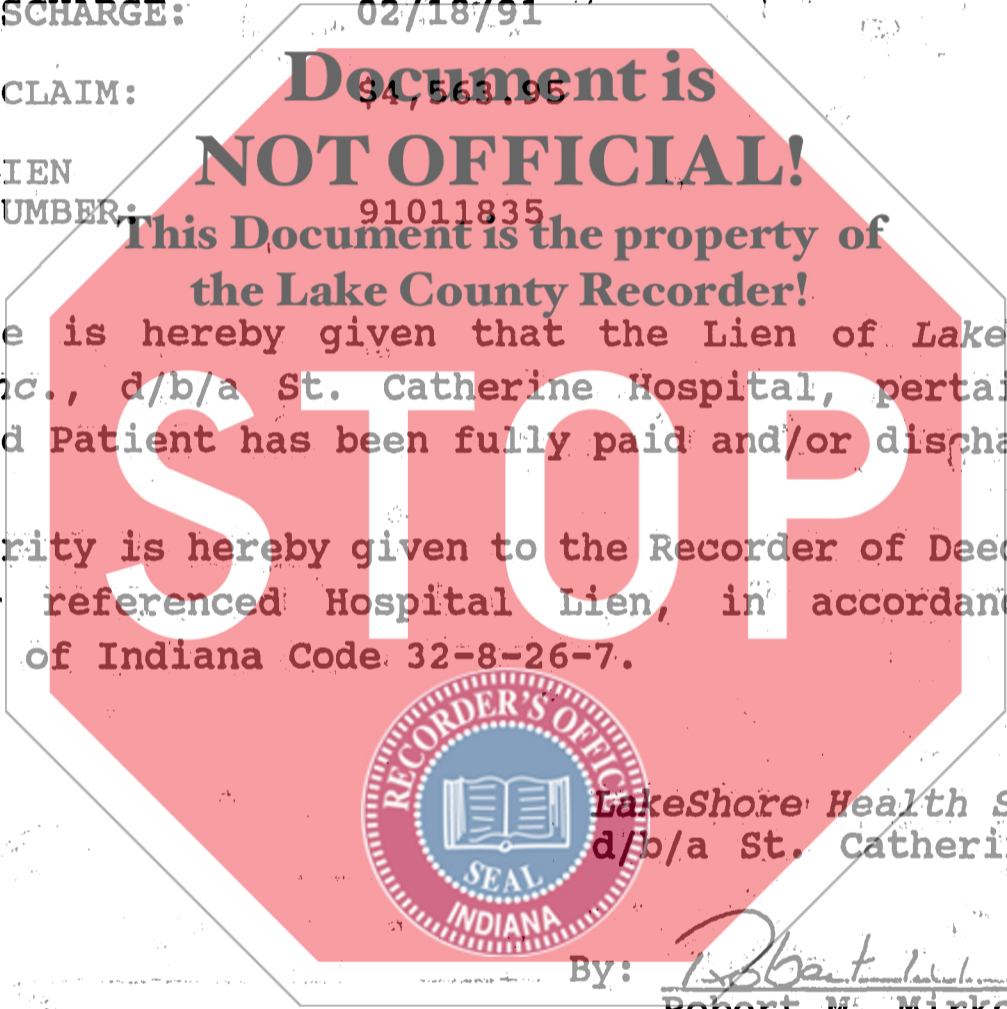
PATIENT NAME: MARY LYNN DAVIS - TOBIAS

DATE OF ADMISSION: 02/11/91

DATE OF DISCHARGE: 02/18/91

AMOUNT OF CLAIM: \$4,563.95

HOSPITAL LIEN DOCUMENT NUMBER: 91011835



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

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
RECORDER  
MAY 6 9 47 AM '91

Handwritten mark resembling a stylized 'A' or '7'.

Handwritten number '500'.