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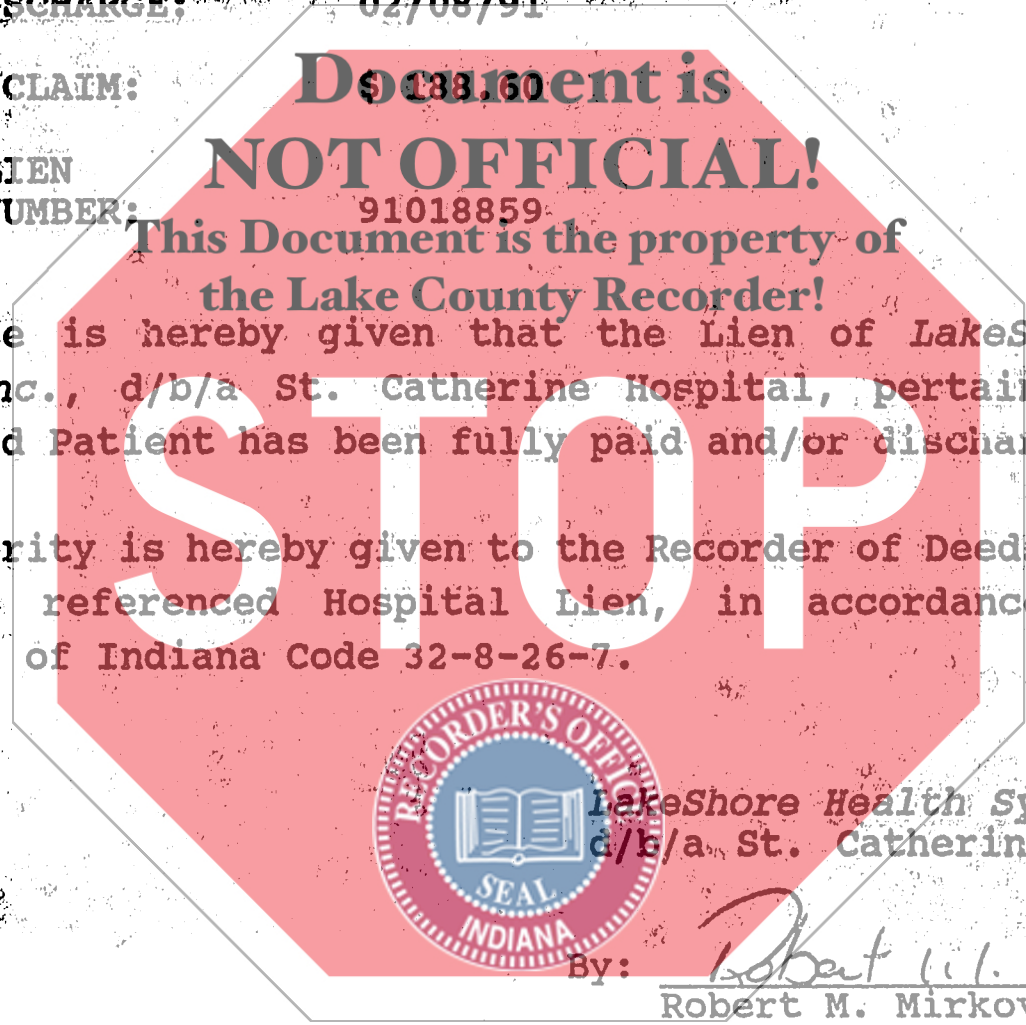
CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

PATIENT NAME: YVETTE NOBLE
DATE OF ADMISSION: 02/01/91
DATE OF DISCHARGE: 02/08/91

AMOUNT OF CLAIM: \$33,600

HOSPITAL LIEN
DOCUMENT NUMBER: 91018859

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED
MAY 15 9 20 AM '91
ROBERT M. MIRROR
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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(219) 769-5500

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