

91022904

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

PATIENT NAME: YVETTE NOBLE

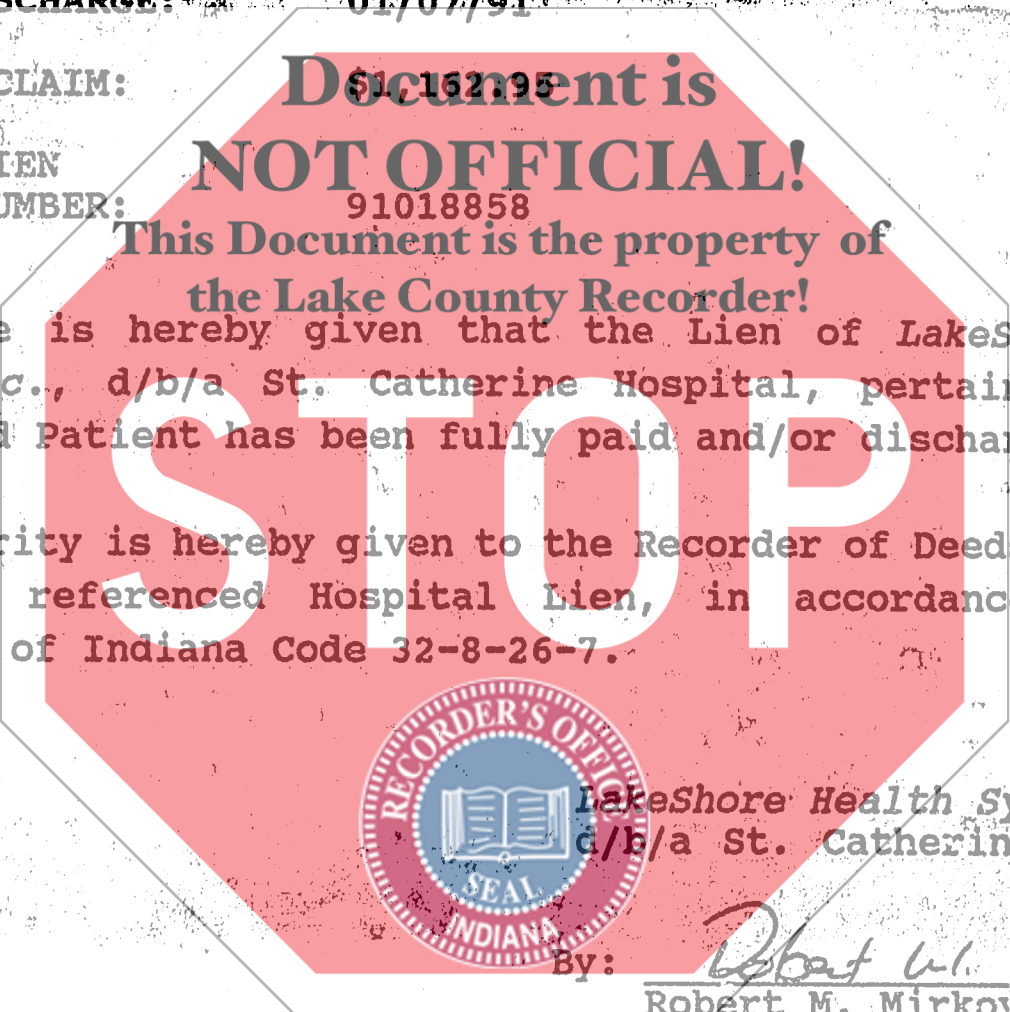
DATE OF ADMISSION: 01/07/91

DATE OF DISCHARGE: 01/07/91

AMOUNT OF CLAIM: \$10,162.95

HOSPITAL LIEN DOCUMENT NUMBER: 91018858

STATE OF INDIANA/S.S.NO.  
LAKE COUNTY  
FILED IN RECORDS  
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  
The Law Offices Of James E. Daugherty  
8550 Broadway  
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(219) 759-5500

5.00