

91024886

**CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN**

**PATIENT NAME:** ANTONIO BALBOA  
**DATE OF ADMISSION:** SEPTEMBER 28, 1990  
**DATE OF DISCHARGE:** OCTOBER 3, 1990  
**AMOUNT OF CLAIM:** \$6,040.70

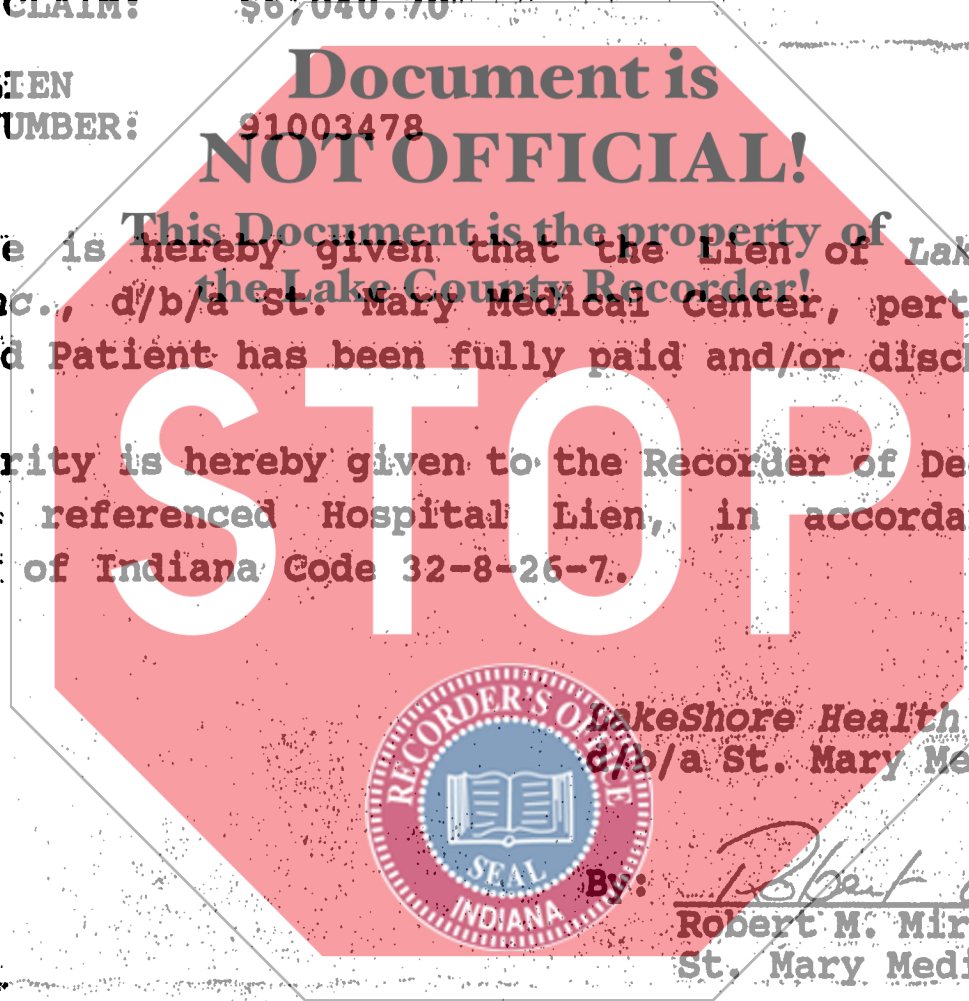
**HOSPITAL LIEN  
DOCUMENT NUMBER:** 91003478

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORDER  
MAY 23 11 58 AM '91  
ROBERT M. MIRKOV  
RECORDER

**Document is  
NOT OFFICIAL!**

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.



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  
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