

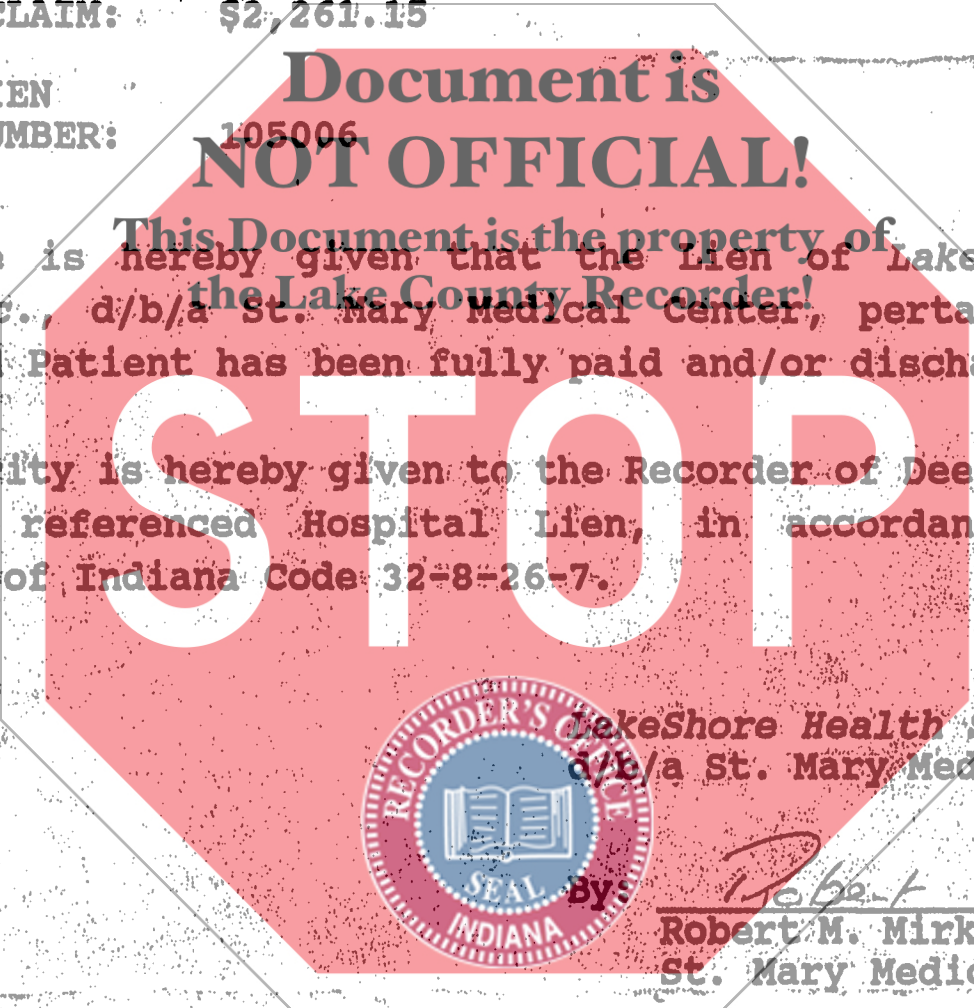
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**CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN**

**PATIENT NAME:** ANTONIO BALBOA  
**DATE OF ADMISSION:** MAY 17, 1990  
**DATE OF DISCHARGE:** MAY 17, 1990  
**AMOUNT OF CLAIM:** \$2,261.15

**HOSPITAL LIEN  
DOCUMENT NUMBER:** 105006

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED  
MAY 23 11 58 AM '91  
ROBERT M. MIRKOV  
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*  
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(219) 769-5500

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