

91028004

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

PATIENT NAME: JOHN R. KIRKLEY  
DATE OF ADMISSION: 12/16/90  
DATE OF DISCHARGE: 12/19/90  
AMOUNT OF CLAIM: \$2,961.60  
HOSPITAL LIEN DOCUMENT NUMBER: 91005850

STATE OF INDIANA/S.S.ND.  
LAKE COUNTY  
FILED FOR RECORD  
JUN 7 8 55 AM '91  
ROBERT (BOB) FREELAND  
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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