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CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

ROBERT (BOB) FREELAND
RECORDER

JUN 12 8 56 AM '91

STATE OF INDIANA/S.S.ND.
LAKE COUNTY
FILED FOR RECORD

PATIENT NAME: KAREN HOOVER

DATE OF ADMISSION: 11/7/90

DATE OF DISCHARGE: 11/14/90

AMOUNT OF CLAIM: ~~\$12,273.10~~

HOSPITAL LIEN
DOCUMENT NUMBER:

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NOT OFFICIAL!**
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the Lake County 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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