

91032790

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

PATIENT NAME: DENZIL GIBBS
DATE OF ADMISSION: FEBRUARY 23, 1991
DATE OF DISCHARGE: FEBRUARY 25, 1991
AMOUNT OF CLAIM: \$6,446.20

HOSPITAL LIEN
DOCUMENT NUMBER:

91023448

ROBERT (BOB) FREELAND
RECORDER

JUN 28 9 32 AM '91

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

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.



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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