

**CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN**

92021660

PATIENT NAME: GLENN A. CURTIS

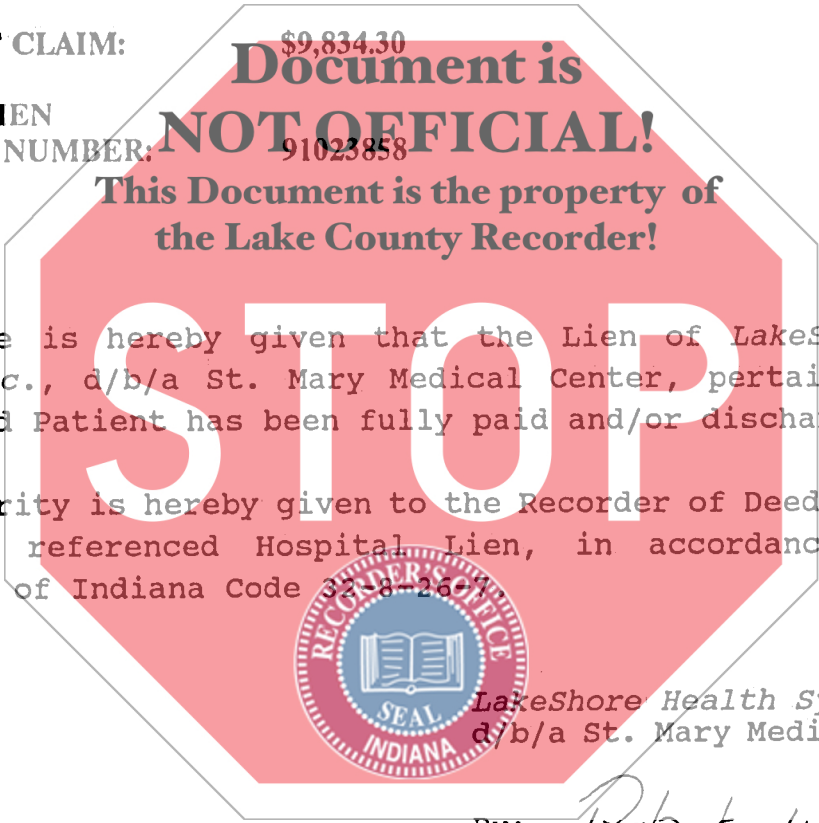
DATE OF ADMISSION: 4/24/91

DATE OF DISCHARGE: 5/1/91

AMOUNT OF CLAIM: ~~\$9,834.30~~

HOSPITAL LIEN DOCUMENT NUMBER: ~~91023858~~

STATE OF INDIANA
LAKE COUNTY
RECORDER
APR 9 12 52 PM '92
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
The Law Offices Of James E. Daugherty
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Merrillville, Indiana 46410
(219) 769-5500

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