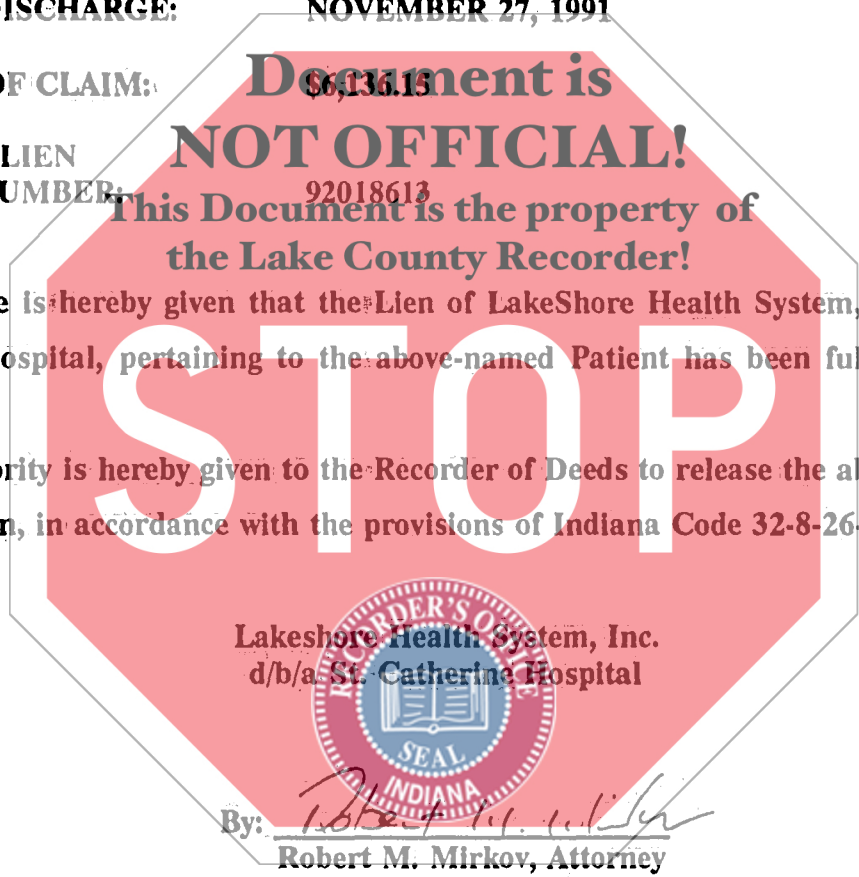


92022286

CERTIFICATE OF RELEASE

PATIENT NAME: VERONICA PEREZ
DATE OF ADMISSION: NOVEMBER 23, 1991
DATE OF DISCHARGE: NOVEMBER 27, 1991
AMOUNT OF CLAIM: \$6,361.15
HOSPITAL LIEN DOCKET NUMBER: 92018613

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDING
 APR 13 10 27 AM '92
 ROBERT M. MIRKOV
 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
 The Law Offices Of James E. Daugherty
 8550 Broadway
 Merrillville, Indiana 46410
 (219) 769-5500



7:00
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