

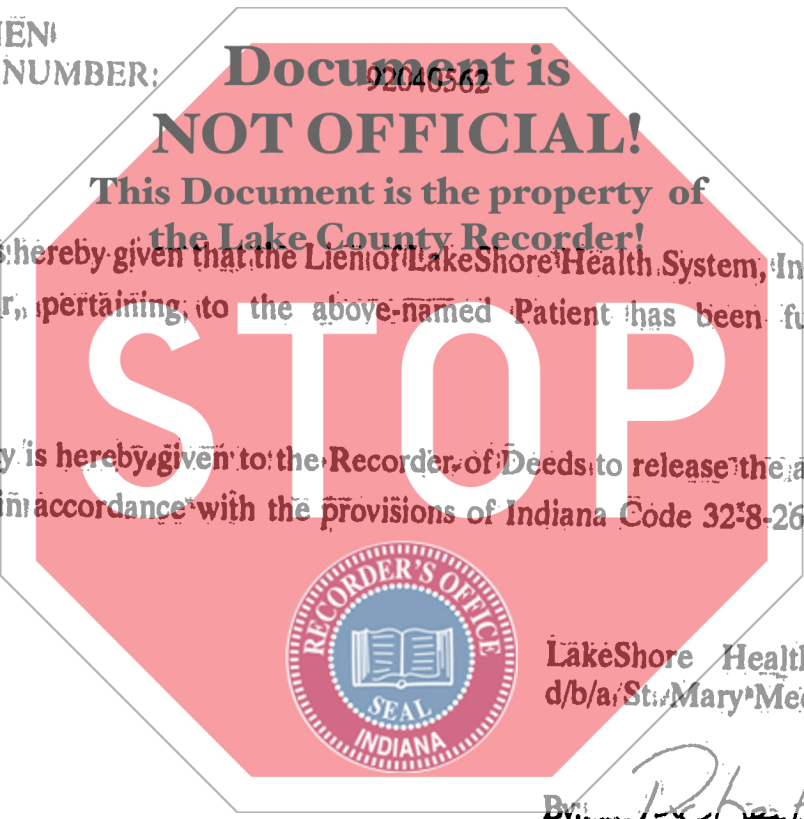
CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

92049420

PATIENT NAME: CLARK M. WILLFOND
DATE OF ADMISSION: 5/15/92
DATE OF DISCHARGE: 5/20/92
AMOUNT OF CLAIM: \$10,793.50

HOSPITAL LIEN
DOCUMENT NUMBER: 92049420

REC'D
AUG 2 20 11 '92



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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