

# CERTIFICATE OF RELEASE

92069264

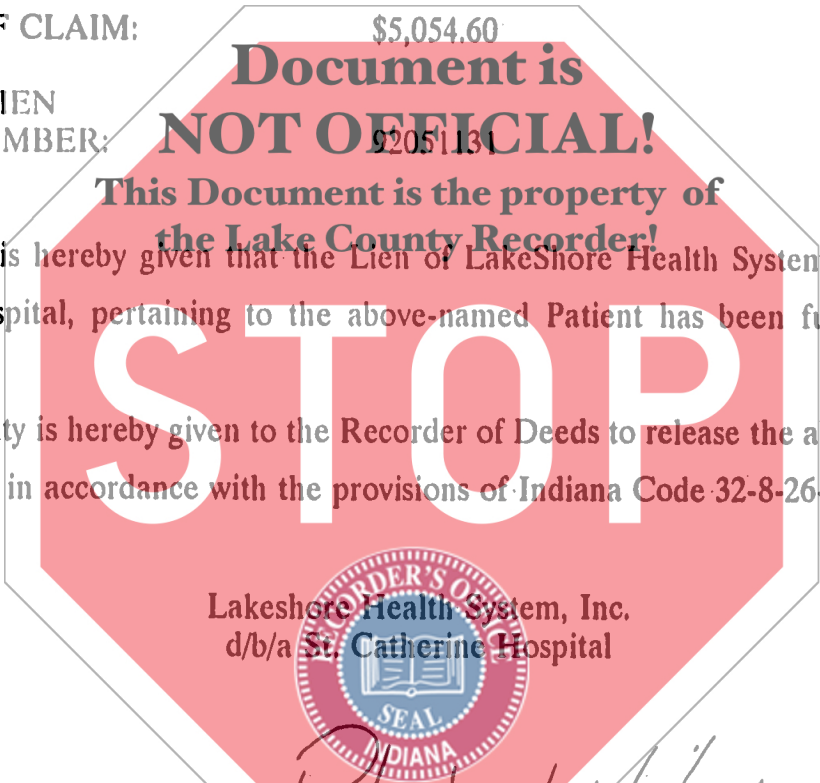
PATIENT NAME: TERESA ADELSPERGER

DATE OF ADMISSION: July 2, 1992

DATE OF DISCHARGE: July 4, 1992

AMOUNT OF CLAIM: \$5,054.60

HOSPITAL LIEN DOCKET NUMBER: 92051131



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.

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

STATE C  
LAKESHORE HEALTH SYSTEM, INC.  
FILED IN 92069264  
NOV 2 10 41 AM '92  
ROBERT M. MIRKOV  
AND  
LAKESHORE HEALTH SYSTEM, INC.

700  
ME