

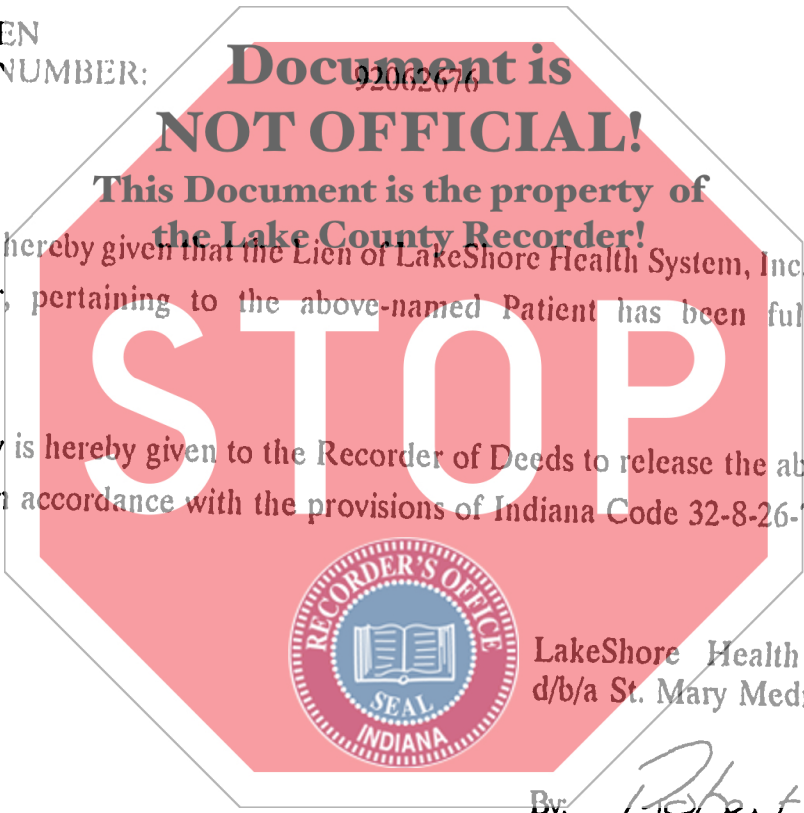
CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

92071968

PATIENT NAME: ROBERT STRINGER
DATE OF ADMISSION: 6/24/92
DATE OF DISCHARGE: 7/7/92
AMOUNT OF CLAIM: \$13,966.50

STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED FOR RECORD
NOV 13 9 30 AM '92
ROBERT STRINGER AND

HOSPITAL LIEN
DOCUMENT NUMBER: 92062676



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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