

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

92074606

PATIENT NAME: RONNIE JOHNSON
DATE OF ADMISSION: 6/29/92
DATE OF DISCHARGE: 7/1/92
AMOUNT OF CLAIM: \$6,644.25

HOSPITAL
DOCUMENT NUMBER: 1206333

ROBERT M. MIRKOV
RECORDER OF DEEDS

NOV 24 12 27 PM '92

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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**This Document is the property of
the Lake County 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
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

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