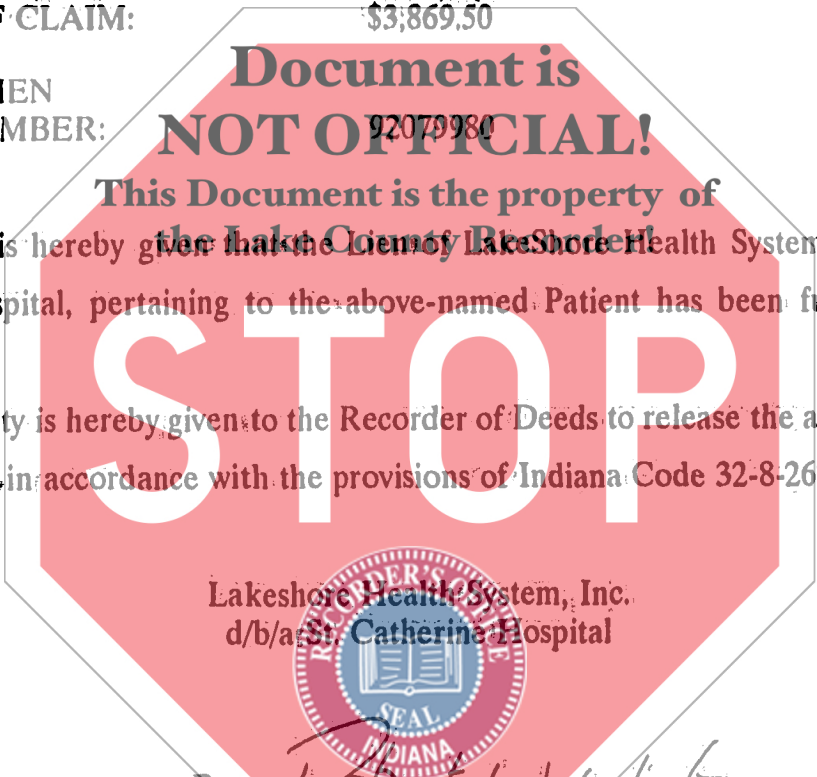


93015693

CERTIFICATE OF RELEASE

PATIENT NAME: MICHAEL DAVITIAN
 DATE OF ADMISSION: NOVEMBER 20, 1992
 DATE OF DISCHARGE: NOVEMBER 20, 1992
 AMOUNT OF CLAIM: \$3,869.50

HOSPITAL LIEN DOCKET NUMBER: 92079980



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

STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 Nov 11 8 46 AM '93

STATE OF INDIANA
 LAKE COUNTY
 RECORDER

This Instrument Prepared By
 The Law Offices Of James E. Daugherty
 8550 Broadway
 Merrillville, Indiana 46410
 (219) 769-5500

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