

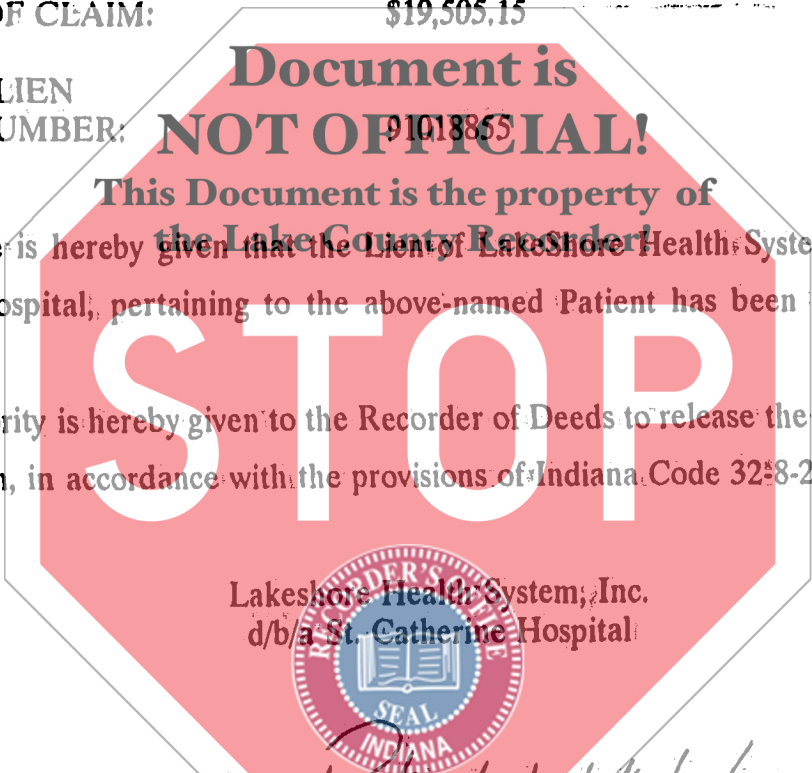
93015695

CERTIFICATE OF RELEASE

PATIENT NAME: LAFAWN JOHNSON
 DATE OF ADMISSION: FEBRUARY 23, 1991
 DATE OF DISCHARGE: MARCH 12, 1991
 AMOUNT OF CLAIM: \$19,505.15

STATE OF INDIANA, S.S. NO.
 FILE NO. 1018855
 MAR 11 8 47 AM '93
 SA RECORDER LICH

HOSPITAL LIEN
 DOCKET NUMBER: 91018855



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

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

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