

CERTIFICATE OF RELEASE

93015953

PATIENT NAME: JERRY MURPHY
 DATE OF ADMISSION: NOVEMBER 10, 1992
 DATE OF DISCHARGE: NOVEMBER 17, 1992
 AMOUNT OF CLAIM: \$12,388.36

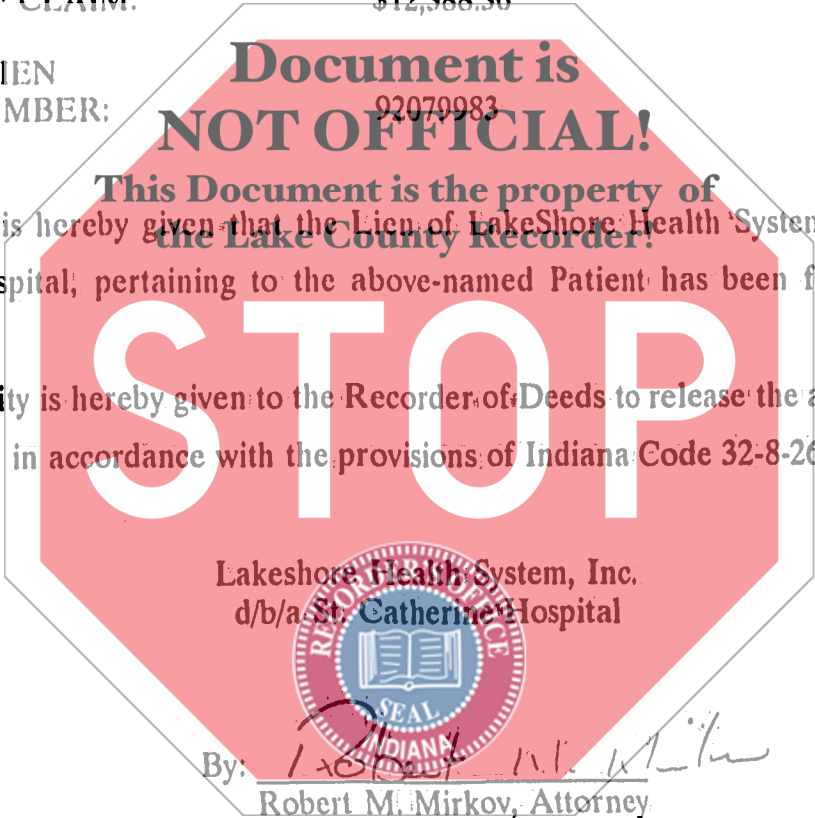
HOSPITAL LIEN
 DOCKET NUMBER:

**Document is
 NOT OFFICIAL!**
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STATE OF INDIANA
 FILE
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 SAMU
 RECORDER

**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. 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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