

**CERTIFICATE OF PARTIAL RELEASE
OF
HOSPITAL LIEN**

93019723

PATIENT NAME: DONALD A. SANCYA

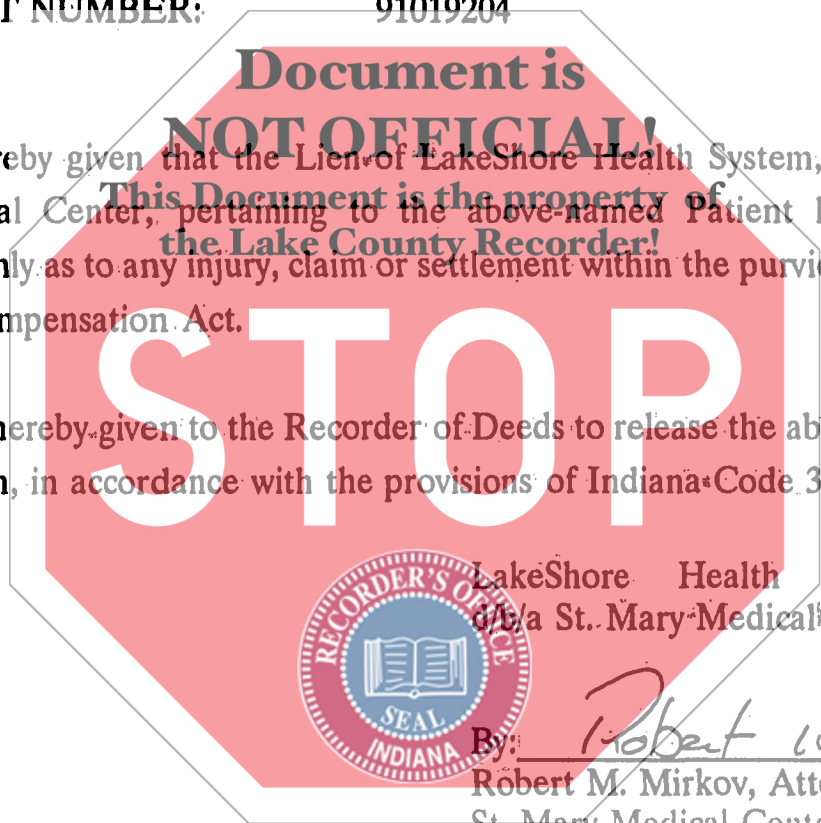
DATE OF ADMISSION: JANUARY 4, 1991

DATE OF DISCHARGE: JANUARY 14, 1991

**HOSPITAL
DOCUMENT NUMBER: 91019204**

**SALVATORE V. MICH
RECORDER
MAR 31 9 24 AM '93**

**STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD**



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 discharged only as to any injury, claim or settlement within the purview of Indiana's Worker's Compensation Act.

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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