

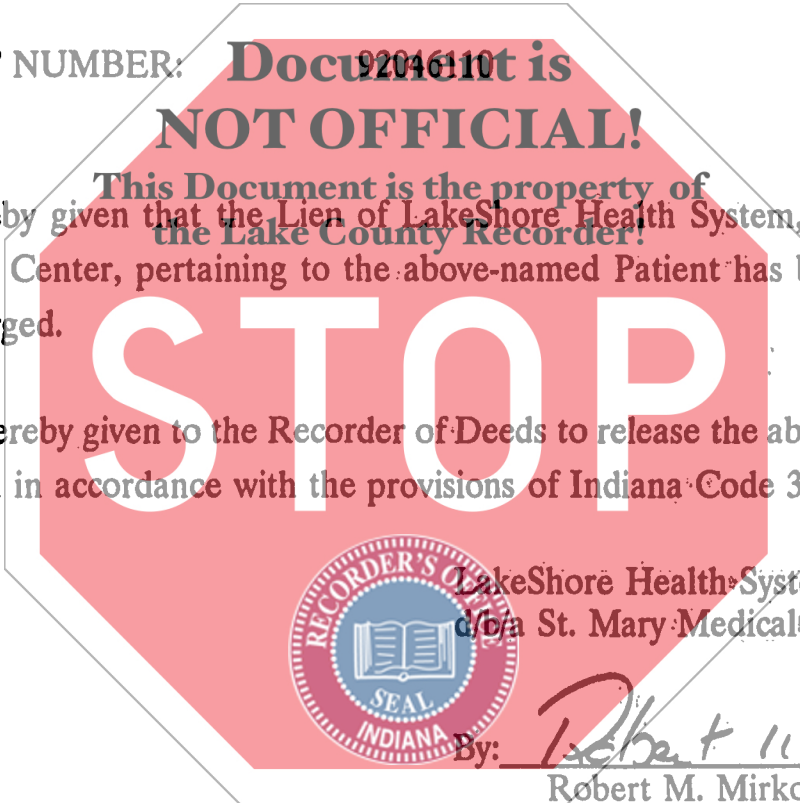
CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

93041181

PATIENT NAME: ROBBIE BERRY
DATE OF ADMISSION: March 19, 1992
DATE OF DISCHARGE: April 6, 1992
AMOUNT OF CLAIM: \$30,979.20

HOSPITAL
DOCUMENT NUMBER: 9204610

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
JUN 28 8 56 AM '93
SAMUEL J. RILICH
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
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Merrillville, Indiana 46410
(219) 769-5500



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