

CERTIFICATE OF RELEASE

93051585

PATIENT NAME: CYNTHIA NEIZGODA

DATE OF ADMISSION: June 7, 1990

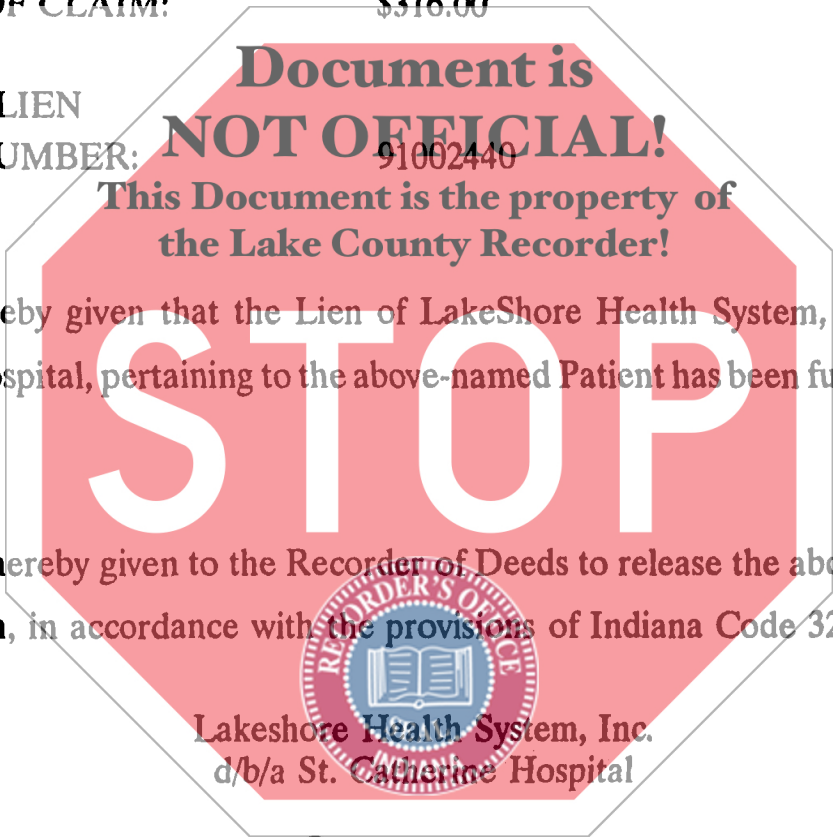
DATE OF DISCHARGE: November 29, 1990

AMOUNT OF CLAIM: \$316.00

HOSPITAL LIEN

DOCKET NUMBER: 91002440

STATE OF INDIANA
COUNTY RECORDS
RECORDER
ORLICH
Aug 10 10 45 AM '93



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
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