

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

93054329

PATIENT NAME: JOHN DURBIN, JR.

DATE OF ADMISSION: January 2, 1993

DATE OF DISCHARGE: January 9, 1993

AMOUNT OF CLAIM: \$19,391.97

HOSPITAL DOCUMENT NUMBER: 93018192

SARAH L. ERLICH
RECORDER

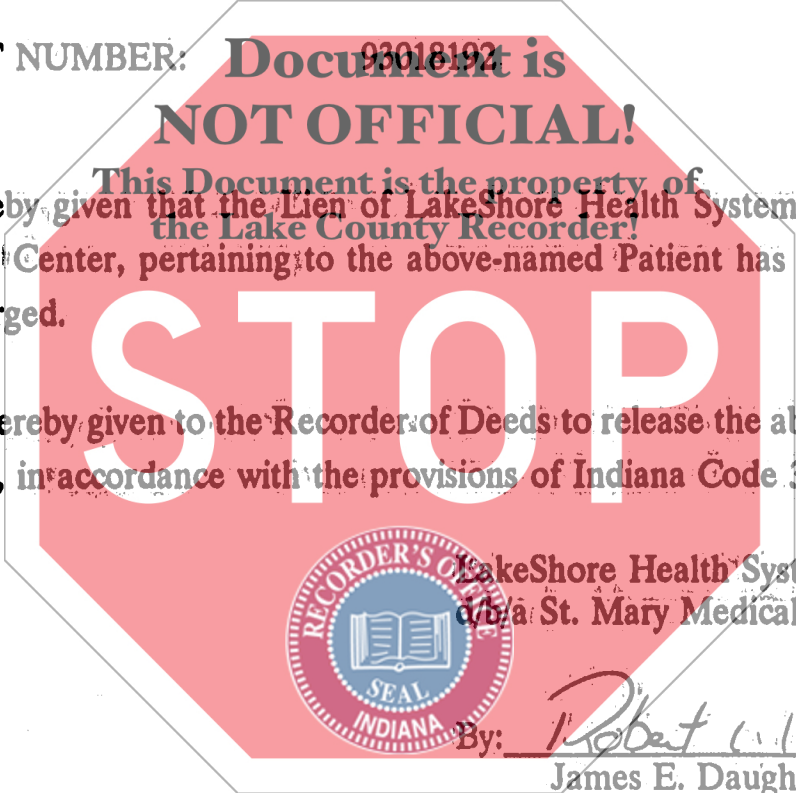
AUG 19 11 40 AM '93

STATE OF INDIANA/S.S.M.C.
LAKE COUNTY
FILED FOR RECORD

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NOT OFFICIAL!

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 W. Daugherty*

James E. Daugherty, 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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