

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

94027806

PATIENT NAME: STOJA BABIC
DATE OF ADMISSION: May 30, 1992
DATE OF DISCHARGE: June 3, 1992
AMOUNT OF CLAIM: \$4,428.70

HOSPITAL DOCUMENT NUMBER: 92040556

SAI...
RECORDER
APR 14 8 50 AM '94

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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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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