

CERTIFICATE OF RELEASE
OF

94027807

HOSPITAL LIEN

RECEIVED

'94 APR 13 PM 2 34

LAKE COUNTY RECORDER
SAMUEL ORLICH

PATIENT NAME:

CATHY E. JONES BRONAUGH

DATE OF ADMISSION:

October 6, 1993

DATE OF DISCHARGE:

November 23, 1993

AMOUNT OF CLAIM:

\$4,263.00

HOSPITAL

DOCUMENT NUMBER:

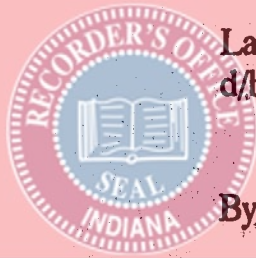
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Notice is hereby given that the Lien of LakeShore Health System, Inc., d/b/a St. Mary Medical Center, pertaining to the above-named Patient has been fully paid and/or discharged.

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

APR 14 2 34 PM '94
SAMUEL ORLICH
REC'D

STATE OF INDIANA, S.S.M.D.
LAKE COUNTY
FILED FOR REC'D

cc: Indiana Department Of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This Instrument Prepared By
The Law Offices Of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

LAW OFFICES OF

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