

STATE OF INDIANA  
LAKE COUNTY  
CERTIFICATE OF RELEASE  
FILED FOR RECORD  
OF  
94 APR 27 AM 9:05  
HOSPITAL LIEN

94031518

SAMUEL ORLICH  
RECORDER

PATIENT NAME: GREGORY S. PARADINE  
DATE OF ADMISSION: November 6, 1992.  
DATE OF DISCHARGE: November 25, 1992  
AMOUNT OF CLAIM: \$1,662.00

HOSPITAL  
DOCUMENT NUMBER: 93002641

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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  
The Law Offices Of James E. Daugherty  
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Merrillville, Indiana 46410  
(219) 769-5500

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