

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

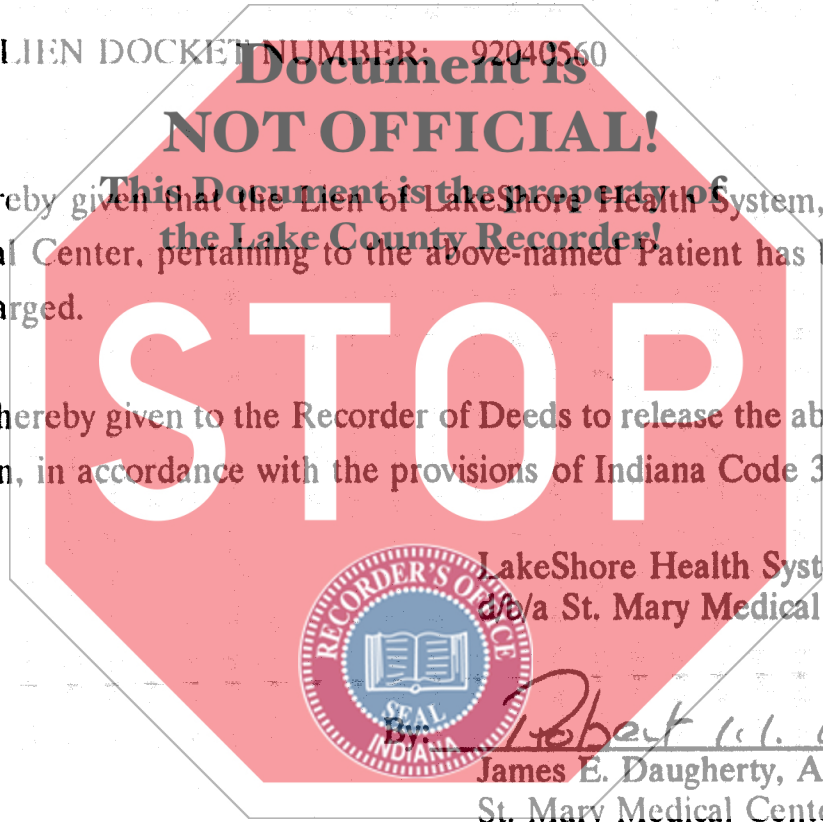
PATIENT NAME: ERMA RUSSELL
DATE OF ADMISSION: May 21, 1992
DATE OF DISCHARGE: May 28, 1992
AMOUNT OF CLAIM: \$5,142.92

HOSPITAL LIEN DOCKET NUMBER: 92040560

95001383

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

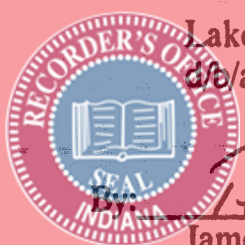
95 JAN 25 9 54 AM '92
AMASAG. GOLBY
CHIEF DEED RECORDER



Notice is hereby given that the Lien of Lakeshore Health System, Inc.,
Mary Medical Center, pertaining to the above-named Patient has been filed
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
The Law Offices Of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

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10.00