

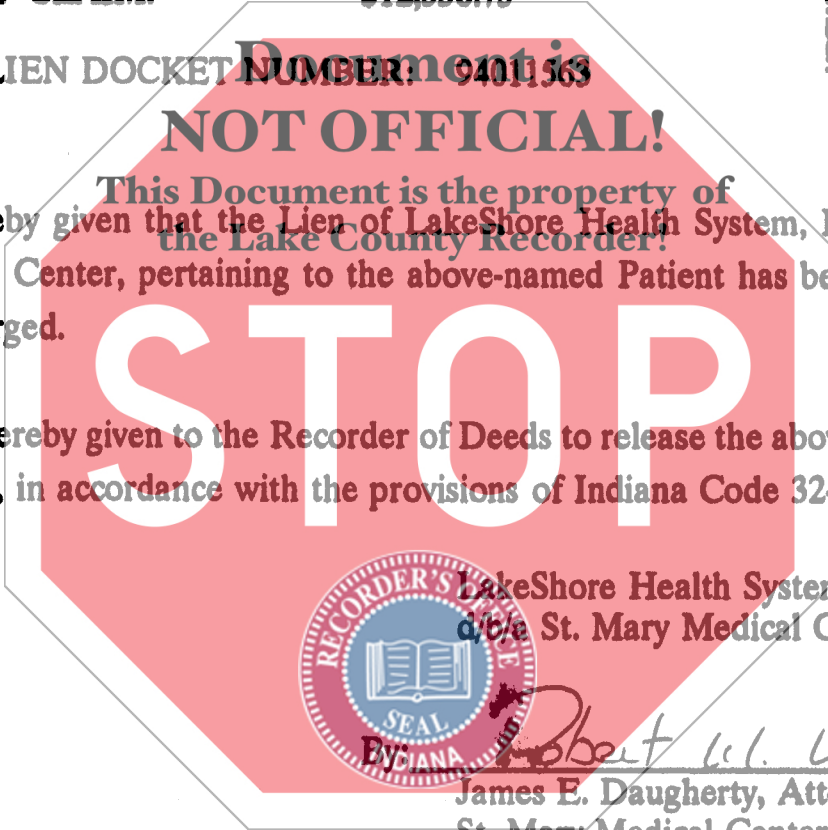
**CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN**

**PATIENT NAME:** JERRY JACKSON  
**DATE OF ADMISSION:** September 21, 1993  
**DATE OF DISCHARGE:** October 1, 1993  
**AMOUNT OF CLAIM:** \$12,556.75

**HOSPITAL LIEN DOCKET NUMBER:** 9401563

95004731  
MARGARETTE N. CLEVELAND  
LAKE COUNTY RECORDER

95 JAN 27 5:39 PM '93  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



Notice is hereby given that the Lien of LakeShore Health System, Inc., d/b/a 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

*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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