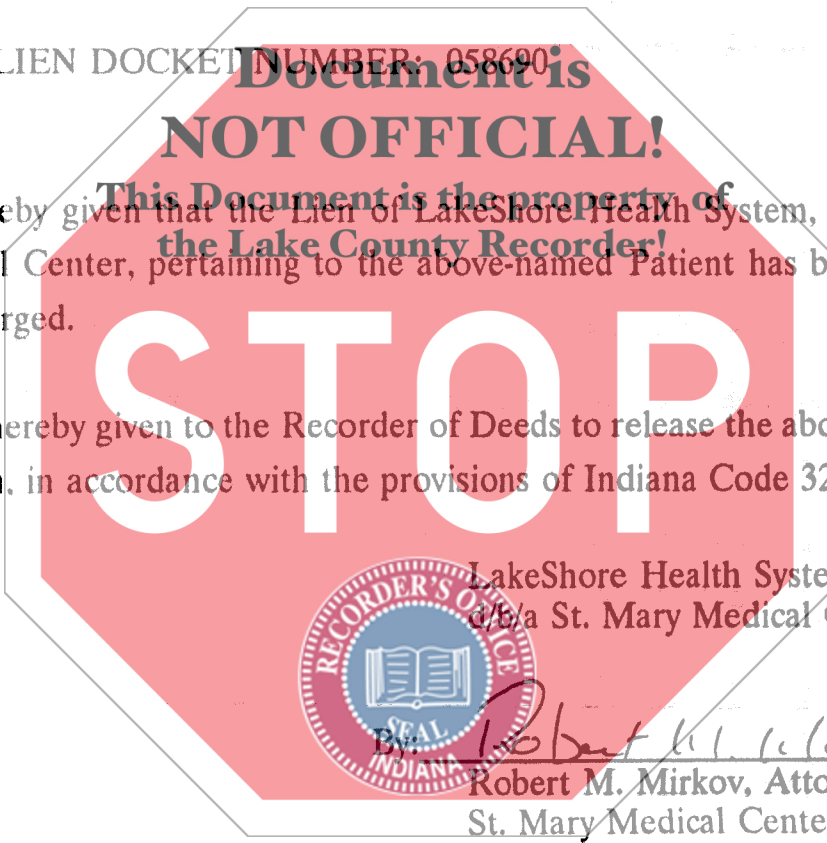


CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

PATIENT NAME: LINDA BROWN  
DATE OF ADMISSION: July 31, 1989  
DATE OF DISCHARGE: August 9, 1989  
AMOUNT OF CLAIM: \$8,467.54

HOSPITAL LIEN DOCKET NUMBER: 058690

95070368



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



*Robert M. Mirkov*  
Robert M. Mirkov, Attorney  
St. Mary Medical Center

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
95 NOV 17 AM 9:00  
BARBARETTE D. ENGLAND  
RECORDER

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



10.00  
SW  
LL# 7518