

CERTIFICATE OF RELEASE

PATIENT NAME: JEANINE MACHUCA

DATE OF ADMISSION: November 5, 1996

DATE OF DISCHARGE: November 7, 1996

AMOUNT OF CLAIM: \$9,488.90

HOSPITAL LIEN

DOCKET NUMBER

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Notice is hereby given that the Lien of LakeShore Health System, Inc., Catherine Hospital, pertaining to the above-named Patient has been fully paid and 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. Catherine Hospital

By: Robert M. Mirkov
Robert M. Mirkov, Attorney
St. Catherine Hospital

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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MADE BY THE CLERK OF RECORD

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STATE OF INDIANA
LAKE COUNTY
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