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MORRIS W. CARTER  
RECORDER

**CERTIFICATE OF RELEASE**

**PATIENT NAME: BRIAN BEASLEY**

**DATE OF ADMISSION: April 12, 1997**

**DATE OF DISCHARGE: April 12, 1997**

**AMOUNT OF CLAIM: \$4,948.55**

**HOSPITAL LIEN DOCKET NO: 97028917**

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

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This Instrument Prepared By  
The Law Offices Of James E. Daugherty  
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