

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

PATIENT NAME: NORMA ASHLEY
DATE OF ADMISSION: 1/10/96
DATE OF DISCHARGE: 2/5/96
AMOUNT OF CLAIM: \$68,268.33
HOSPITAL LIEN DOCKET NUMBER: 96010271

97088946

Notice is hereby given that the Lien of St. Mary Medical Center, pertaining to the above named Patient has been 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.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 DEC 20 AM 9:18
MORRISON CENTER

St. Mary Medical Center

By: James E. Daugherty
Robert L. L. L. L.
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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