

CERTIFICATE OF RELEASE
OF
HOSPITAL LIEN

PATIENT NAME: ADRON ALLEN

DATE OF ADMISSION: 1/31/98

DATE OF DISCHARGE: 2/6/98

AMOUNT OF CLAIM: \$14,603.35

HOSPITAL LIEN DOCKET NUMBER: 98013150

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.

St. Mary Medical Center



By:

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

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

98030484

APR 29 11:00

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORDS

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*1000 km
CK# 8941*