

CERTIFICATE OF RELEASE  
OF  
HOSPITAL LIEN

98042923

PATIENT NAME: MARK MCDANIEL

DATE OF ADMISSION: 9/5/97

DATE OF DISCHARGE: 9/12/97

AMOUNT OF CLAIM: \$12,164.15

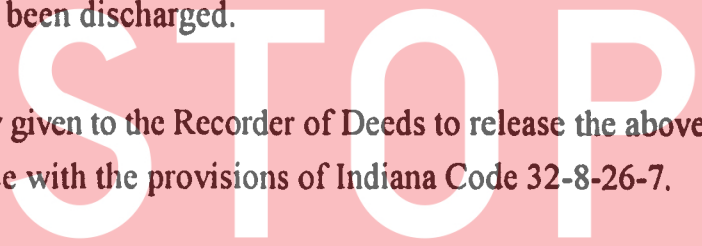
HOSPITAL LIEN DOCKET NUMBER: 97072939

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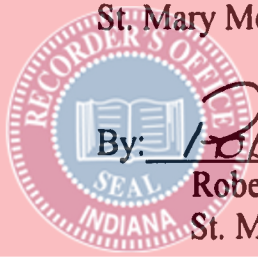
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
98 JUN 19 AM 9:00

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



10.00  
cm  
ck # 09016