

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98101649

CERTIFICATE OF RELEASE  
98 DEC 18 PM 12:09  
OF

HOSPITAL LIEN OF  
DIENS W. CARTER  
RECORDER

PATIENT NAME: SHAMYONNA GULLETT

DATE OF ADMISSION: 6/9/90

DATE OF DISCHARGE: 8/7/90

AMOUNT OF CLAIM: \$165,195.36

HOSPITAL LIEN DOCKET NUMBER: 120305



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  
OK # 09 326  
CP