

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99082736

99 OCT -7 AM 10: 05

CERTIFICATE OF RELEASE

MORRIS W. CARTER
RECORDER

PATIENT NAME: JOYCE CHONCOFF

DATE OF ADMISSION: MARCH 16, 1999 (CYCLE)

DATE OF DISCHARGE: APRIL 14, 1999

AMOUNT OF CLAIM: \$1,195.95

HOSPITAL LIEN DOCKET NO: 99036521

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, Inc.

By: 
Robert M. Mirkov, Attorney
St. Mary Medical Center, Inc.

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

10.10
09845