

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 000000

2000 JAN -4 AM 9:02

MORRIS W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: MARIA SOCORRO GARCIA

DATE OF ADMISSION: 08/16/99

DATE OF DISCHARGE: 08/16/99

AMOUNT OF CLAIM: \$2,177.20

HOSPITAL LIEN DOCKET NO: 99087187

Notice is hereby given that the Lien of St. Catherine Hospital, Inc. 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. Catherine Hospital, Inc.

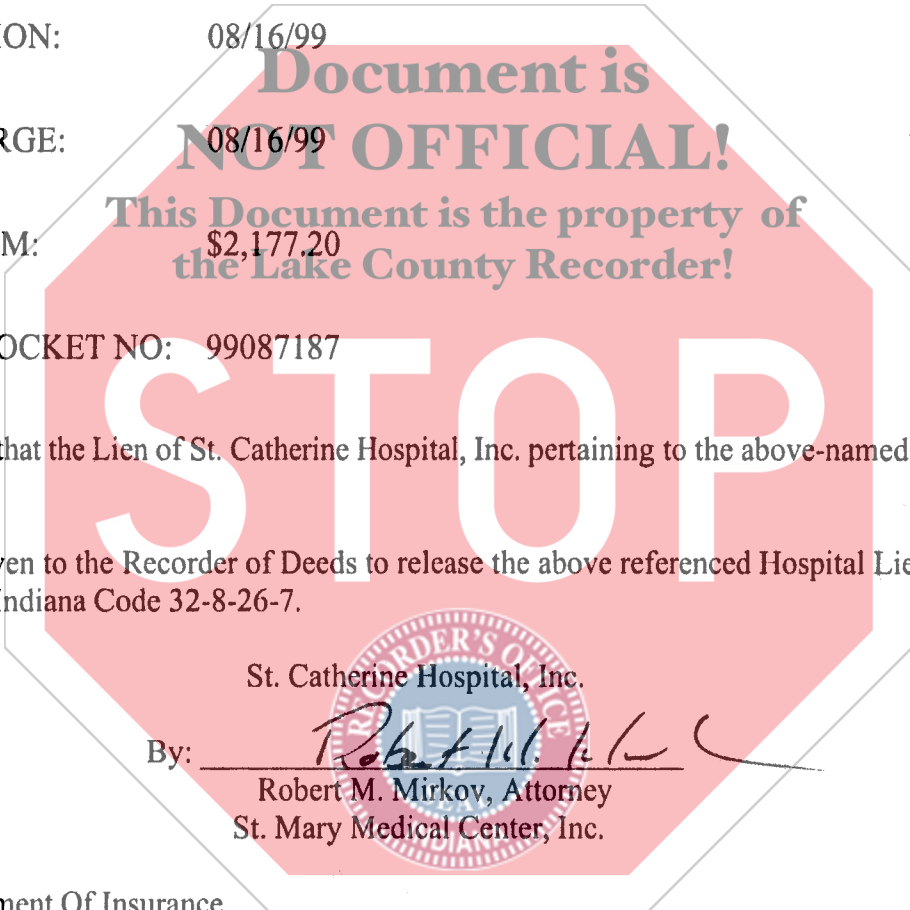
By: _____

Robert M. Mirkov
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



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