

STATE OF INDIANA
LAKE COUNTY
FILED 2000 FEB 17

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MORRIS W. CARTER
RECORDER

CERTIFICATE OF RELEASE

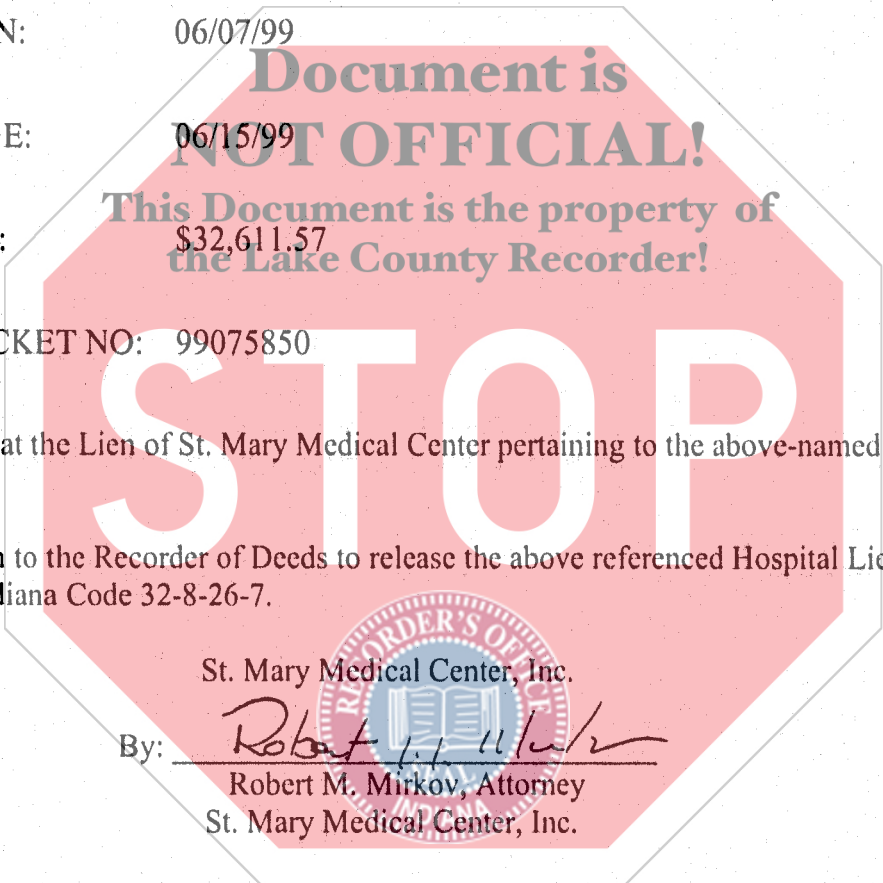
PATIENT NAME: STEFANIE DENNY

DATE OF ADMISSION: 06/07/99

DATE OF DISCHARGE: 06/15/99

AMOUNT OF CLAIM: \$32,611.57

HOSPITAL LIEN DOCKET NO: 99075850



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
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:

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