

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 015163

2000 MAR 3 AM 8:45

MORRIS W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: BARBARA TURNER

DATE OF ADMISSION: 05/09/99

DATE OF DISCHARGE: 05/12/99

AMOUNT OF CLAIM: \$6,043.00

HOSPITAL LIEN DOCKET NO: 9904 7651

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

cc: Indiana Department Of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This Instrument Prepared By:

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Merrillville, Indiana 46410
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