

STATE OF INDIANA
LAKE COUNTY
FILED RECORDER

2000 021824

2000 MAR 30 AM 10:16

MORNING CENTER
RECORDED

CERTIFICATE OF RELEASE

PATIENT NAME: BARBARA TORRES

DATE OF ADMISSION: 05/10/99

DATE OF DISCHARGE: 05/21/99

AMOUNT OF CLAIM: \$44,405.25

HOSPITAL LIEN DOCKET NO: 99085323

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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The Law Offices Of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
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