

STATE OF INDIANA  
LAKE COUNTY  
FILED IN RECORD

2000 021826

2000 MAR 30 AM 10:43

MORRISON CENTER  
FILED

**CERTIFICATE OF RELEASE**

PATIENT NAME: BARBARA TORRES

DATE OF ADMISSION: 05/28/99

DATE OF DISCHARGE: 05/28/99

AMOUNT OF CLAIM: \$962.85

HOSPITAL LIEN DOCKET NO: 99085325

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  
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  
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