

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 021827

2000 MAR 30 AM 10:45

NOTICE CENTER
RECORDS

CERTIFICATE OF RELEASE

PATIENT NAME: BARBARA TORRES

DATE OF ADMISSION: 07/04/99

DATE OF DISCHARGE: 09/18/99


AMOUNT OF CLAIM: \$10,357.38

HOSPITAL LIEN DOCKET NO: 99085326

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.

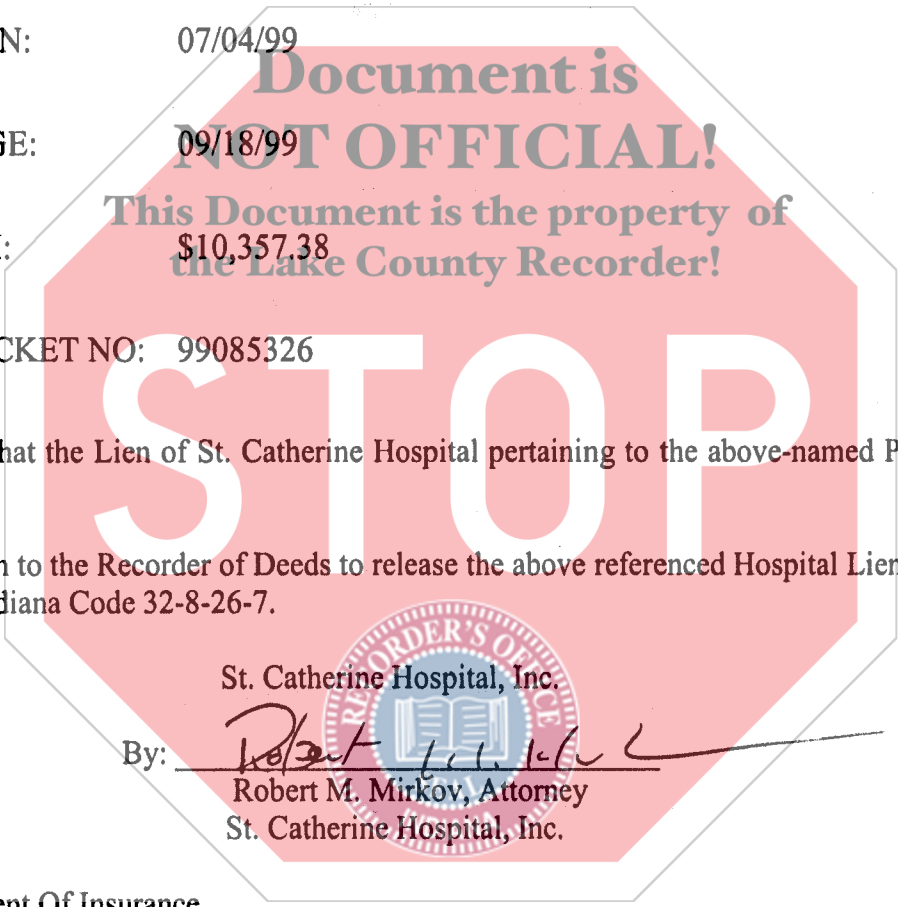
St. Catherine Hospital, Inc.

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
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Merrillville, Indiana 46410
(219) 769-5500



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