

STATE OF INDIANA  
LAKE COUNTY  
FILED

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2000 APR 14 AM 9:19

MERRILLVILLE RECORDER

**CERTIFICATE OF RELEASE**

PATIENT NAME: MARGIE PETERSON

DATE OF ADMISSION: 04/10/99

DATE OF DISCHARGE: 04/18/99

AMOUNT OF CLAIM: \$9,301.36

HOSPITAL LIEN DOCKET NO: 99078836

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.

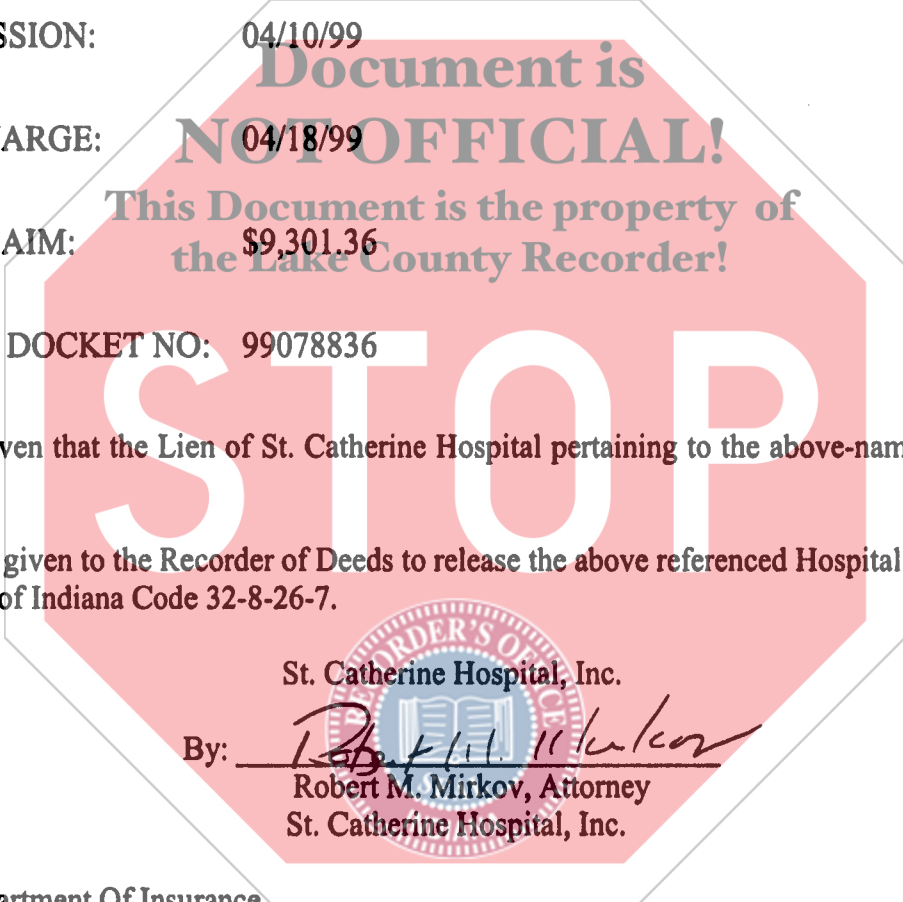
St. Catherine Hospital, Inc.

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:

✓  
The Law Offices Of James E. Daugherty  
8550 Broadway  
Merrillville, Indiana 46410  
(219) 769-5500



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