

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 050960

2000 JUL 19 AM 11:50

CERTIFICATE OF RELEASE

MORRIS W. CARTER  
RECORDER

2000 050960

PATIENT NAME: MICHAEL A. MAZUR

DATE OF ADMISSION: 01/19/00

DATE OF DISCHARGE: 01/22/00

AMOUNT OF CLAIM: \$8,566.70

HOSPITAL LIEN DOCKET NO: 2000 017333

Notice is hereby given that the Lien of St. Catherine Hospital pertaining to the above-named Patient has been discharged.

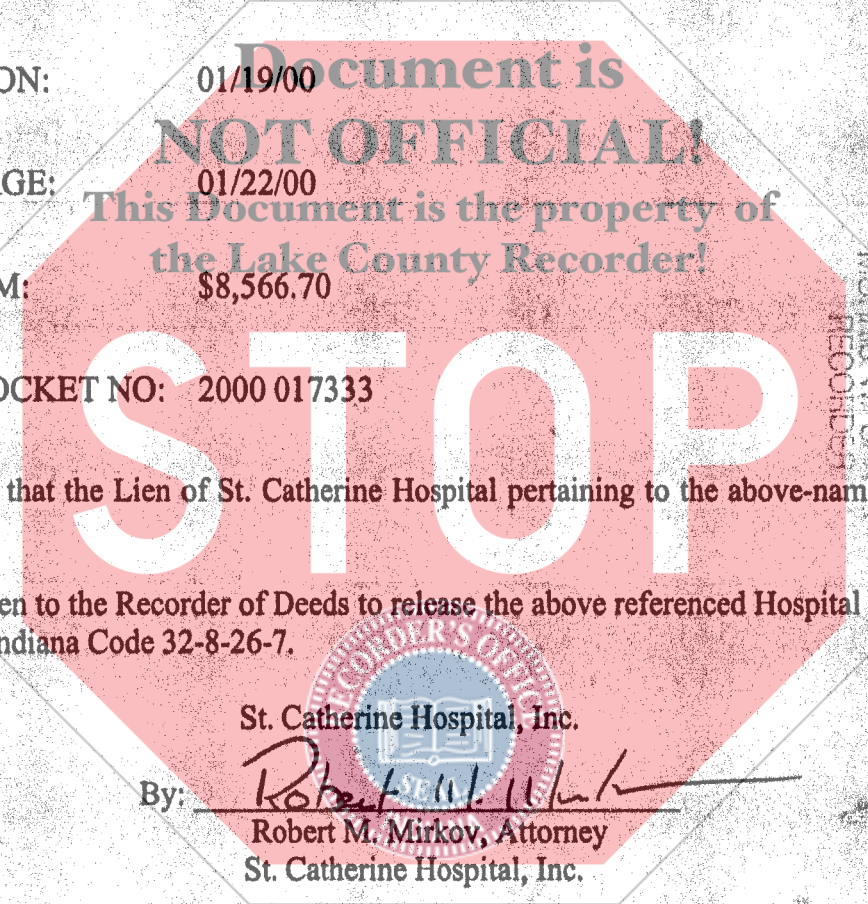
Authority is hereby given to the Recorder of Deeds to release the above referenced Hospital Lien, in accordance with the provisions of Indiana Code 32-8-26-7.

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



MORRIS W. CARTER  
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10:00  
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