STATE A G

2000 051927

2000 JUL 24 AM 9 4

CERTIFICATE OF RELEASE SWILL HAVE

PATIENT NAME:

JENNIE PONDEL

DATE OF ADMISSION:

04/27/00

Document 1s

DATE OF DISCHARGE: 05/09/0

OS/09/00 FFICIAL!

AMOUNT OF CLAIM: This D \$29,556.69t is the property of

the Lake County Recorder!

HOSPITAL LIEN DOCKET NO: 2000 043798

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.

Rv

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 (219) 769-5500

> 10516 10.00 AM