

CERTIFICATE OF RELEASE

PATIENT NAME: MARY ARMSTRONG

DATE OF ADMISSION: 05/17/00

DATE OF DISCHARGE: 05/17/00

AMOUNT OF CLAIM: \$1,306.00

HOSPITAL LIEN DOCKET NO: 2000 050504

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.

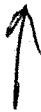
St. Catherine Hospital, Inc.

By: *Robert M. Mirkov*
Robert M. Mirkov, Attorney
St. Catherine Hospital, Inc.

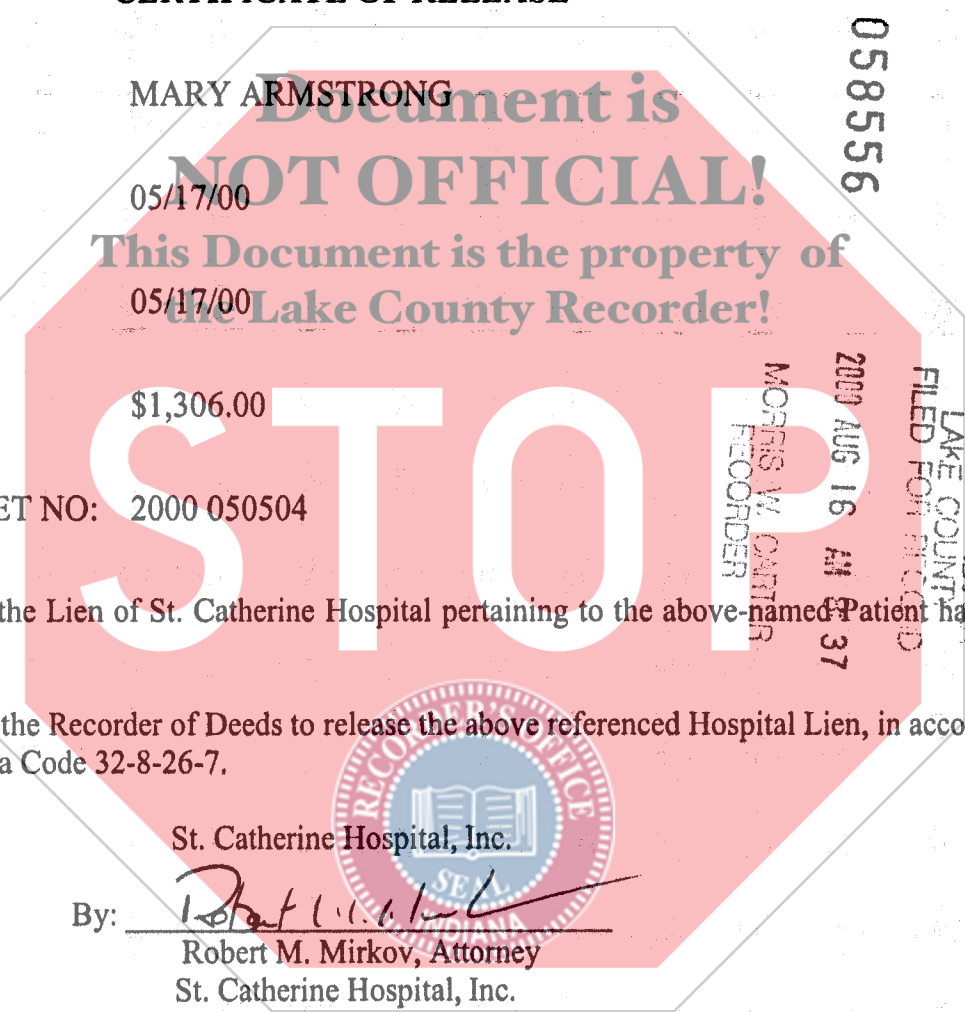
cc: Indiana Department Of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This Instrument Prepared By:

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



2000 058556



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 AUG 16 AM 8:37
MORRIS W. CARTER
RECORDER

105265
10-7-15