

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 061490

2000 AUG 24 AM 10:08

CERTIFICATE OF RELEASE

MORRIS W. CARTER
RECORDER

PATIENT NAME: **JOE HARDIMAN**

DATE OF ADMISSION: **08/25/99**

DATE OF DISCHARGE: **10/24/99**

AMOUNT OF CLAIM: **\$2,857.05**

HOSPITAL LIEN DOCKET NO: **9910 3389**

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
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Merrillville, Indiana 46410
(219) 769-5500

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