

STATE OF INDIANA
LAKE COUNTY
FILED 2000 SEP 11

2000 065603

2000 SEP 11 AM 8:55

CERTIFICATE OF RELEASE

PATIENT NAME: JUAN R. GOMEZ

DATE OF ADMISSION: 03/01/00

DATE OF DISCHARGE: 03/01/00

AMOUNT OF CLAIM: \$4,046.65

HOSPITAL LIEN DOCKET NO: 2000 025473

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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