

FILED
2000 SEP 15 AM 9:28

2000 067278

NOTES W/...

CERTIFICATE OF RELEASE

PATIENT NAME: JOSE A. MALAVE

DATE OF ADMISSION: 03/16/00

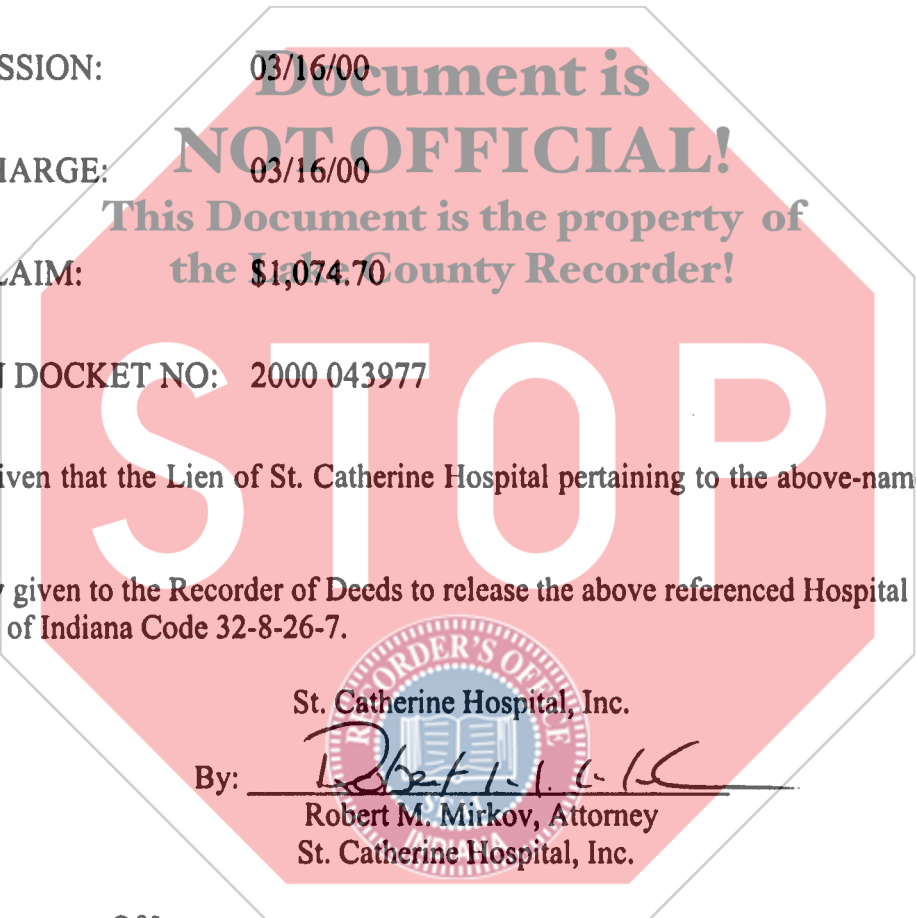
DATE OF DISCHARGE: 03/16/00

AMOUNT OF CLAIM: \$1,074.70

HOSPITAL LIEN DOCKET NO: 2000 043977

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:

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