

2000 067280

2000 SEP 15 11:09:20

NOTES W. COUNTY
RECORDED

CERTIFICATE OF RELEASE

PATIENT NAME: RAMON G. ABREGO

DATE OF ADMISSION: 06/19/00

DATE OF DISCHARGE: 07/17/00

AMOUNT OF CLAIM: \$1,689.45

HOSPITAL LIEN DOCKET NO: 2000 058235

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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The Law Offices Of James E. Daugherty
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