

LAKE COUNTY  
FILED 2002

2002 003122

2002 JAN -9 AM 11:15

ST. CATHERINE HOSPITAL  
RECORDER

**CERTIFICATE OF RELEASE**

PATIENT NAME: **DAWN KRECZMER**

DATE OF ADMISSION: 09/12/01

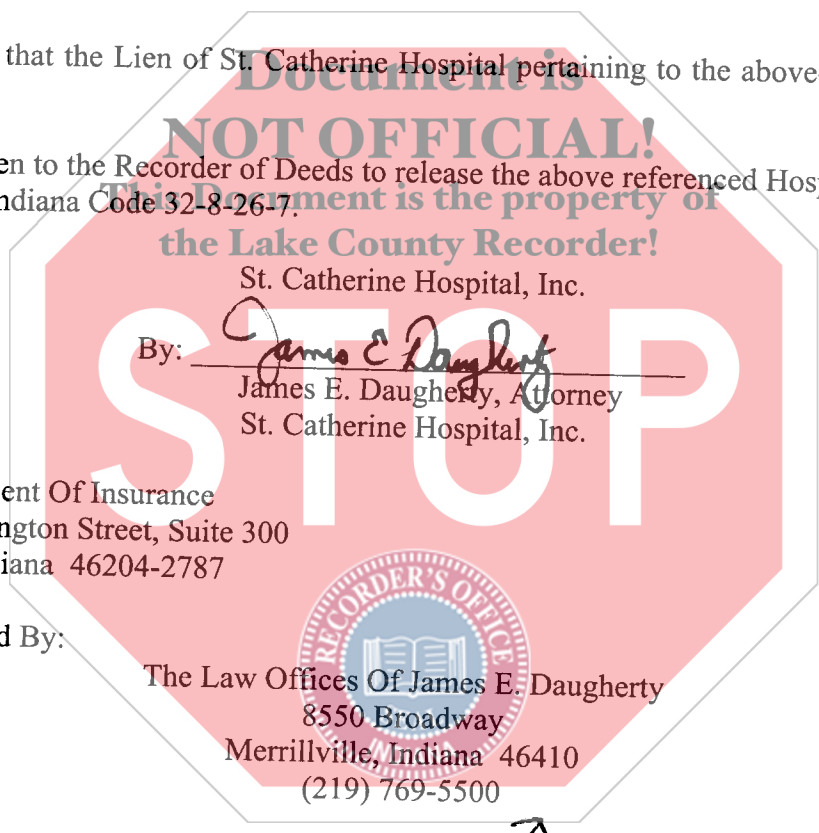
DATE OF DISCHARGE: 09/12/01

AMOUNT OF CLAIM: \$1,235.91

HOSPITAL LIEN DOCKET NO: 2001 083918

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.



By: James E. Daugherty  
James E. Daugherty, 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  
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