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2002 FEB 11 11:06

**CERTIFICATE OF RELEASE**

PATIENT NAME: **DEANNA BUCK**

DATE OF ADMISSION: **05/27/01**

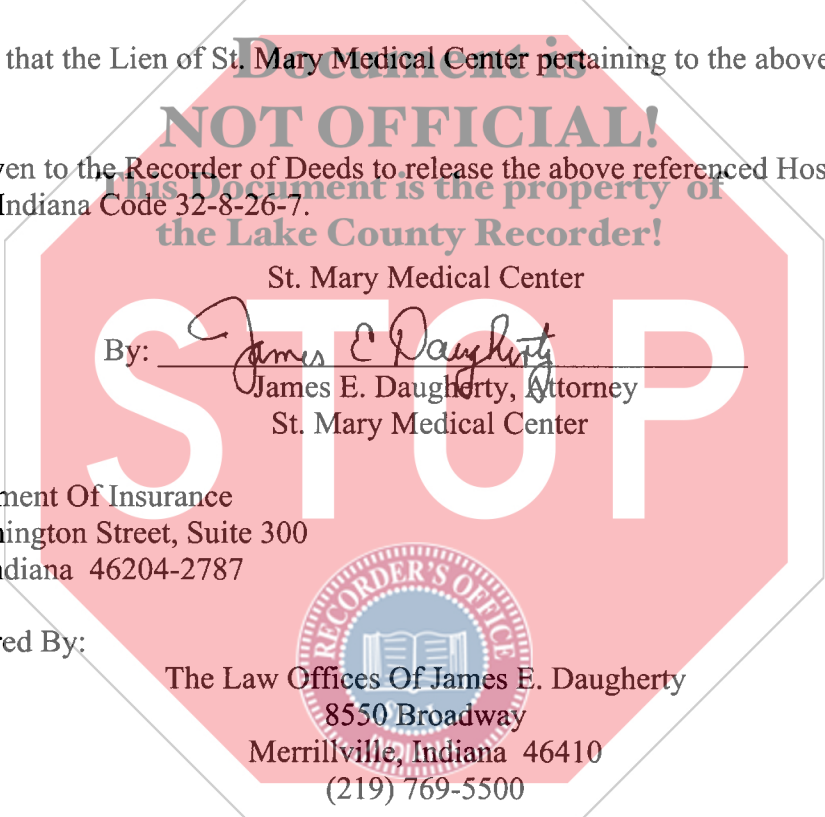
DATE OF DISCHARGE: **05/27/01**

AMOUNT OF CLAIM: **\$1,350.50**

HOSPITAL LIEN DOCKET NO: **2001 077626**

Notice is hereby given that the Lien of St. Mary Medical Center 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.



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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