

2002 018953

2002 FEB 22 AM 8:53

ROBERT W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: **EVELYN McCORD**

DATE OF ADMISSION: **07/15/00**

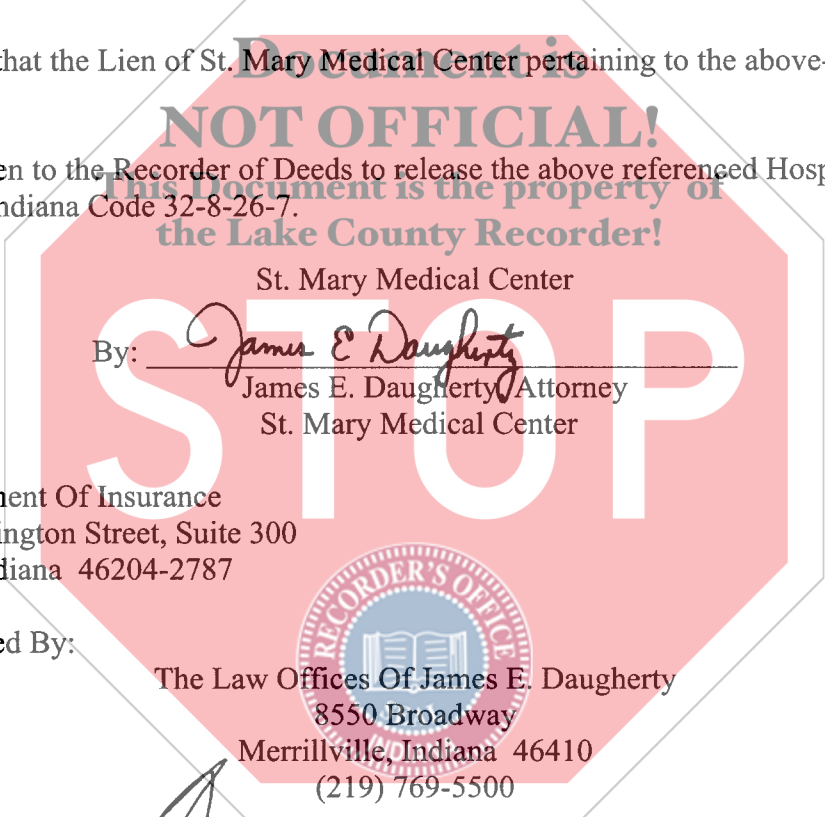
DATE OF DISCHARGE: **07/21/00**

AMOUNT OF CLAIM: **\$27,188.94**

HOSPITAL LIEN DOCKET NO: **2000 070556**

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



*LO -
M.F.
11586*