

37100101
LAKE COUNTY
FILED FOR RECORD

2002 050455

2002 MAY 31 PM 1:06

CERTIFICATE OF RELEASE

MORRIS W. CARTER
RECORDER

PATIENT NAME: **PHILLIP JONES**

DATE OF ADMISSION: **03/27/02**

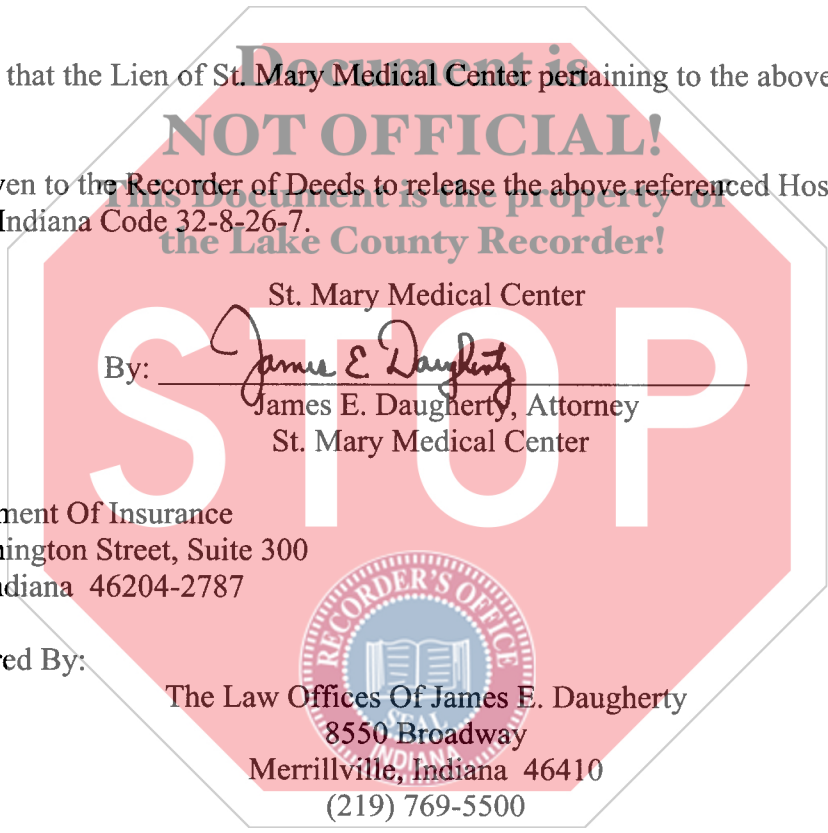
DATE OF DISCHARGE: **03/27/02**

AMOUNT OF CLAIM: **\$1,553.88**

HOSPITAL LIEN DOCKET NO: **2002 038621**

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.



By: James E. Daugherty
James E. Daugherty, Attorney
St. Mary Medical Center

cc: Indiana Department Of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This Instrument Prepared By:
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