

LAKE COUNTY
FILED 11/18/01

2002 059647

2002 JUL -3 AM 8:59

MORRIS W. CARTER
RECORDER
CERTIFICATE OF RELEASE

PATIENT NAME: Kimiko Jimenez

DATE OF ADMISSION: 11/30/01

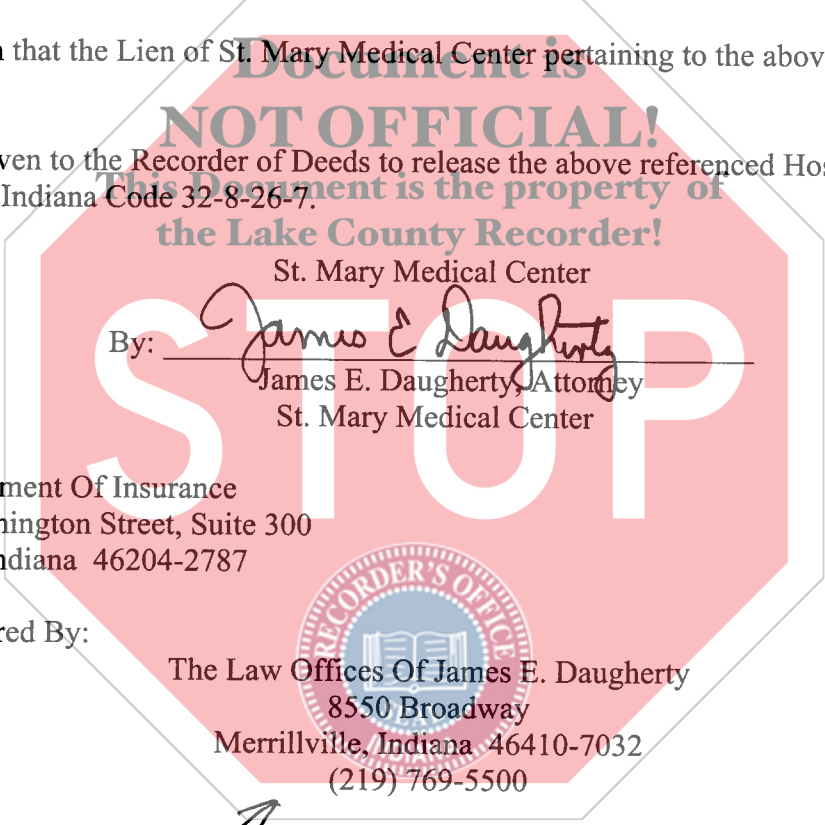
DATE OF DISCHARGE: 11/30/01

AMOUNT OF CLAIM: \$3,828.11

HOSPITAL LIEN DOCKET NO: 2002 040569

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
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Merrillville, Indiana 46410-7032
(219) 769-5500



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m.v.
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