

2002 060390

FILED FOR RECORD
LAKE COUNTY
2002 JUL -8 AM 8:40

MURRAY W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: RAYMOND L. GRAY

DATE OF ADMISSION: 04/27/02

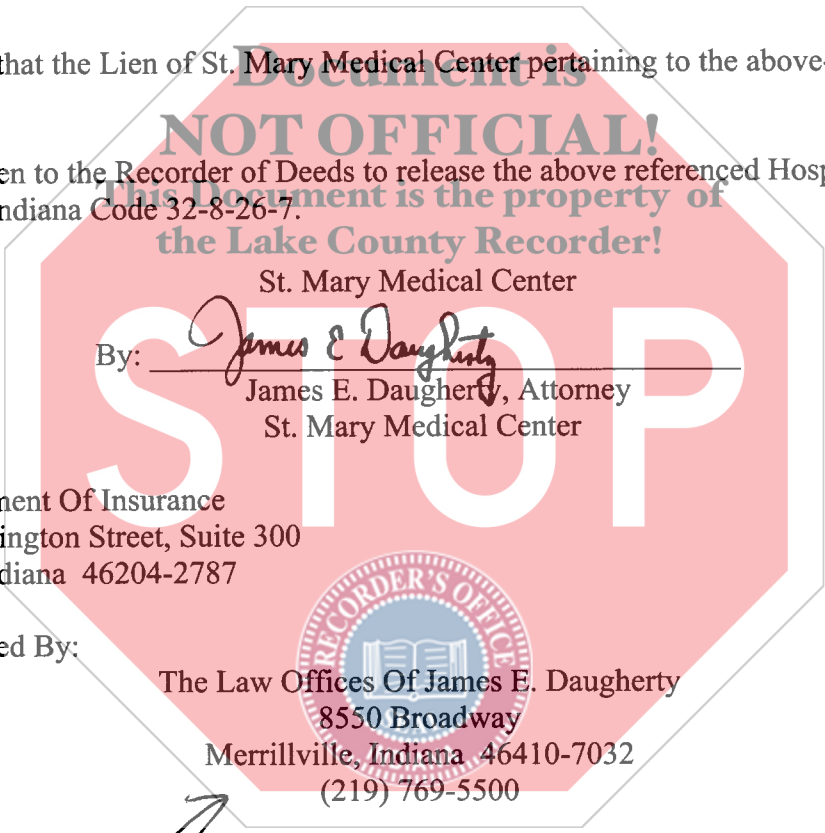
DATE OF DISCHARGE: 05/02/02

AMOUNT OF CLAIM: \$15,687.15

HOSPITAL LIEN DOCKET NO: 2002 054872

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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