STATE OF INDUST LAKE COUNTY FILED FOR RECORD

## 2002 062300

2002 JUL 11 AM 8: 36

## CERTIFICATE OF RELEASE W. CARTER RECORDER

**PATIENT NAME:** 

Pearlie Atwood

DATE OF ADMISSION:

06/06/02

DATE OF DISCHARGE:

06/06/02

AMOUNT OF CLAIM:

\$1,285.34

HOSPITAL LIEN DOCKET NO:

2002 056518

Notice is hereby given that the Lien of St. Catherine Hospital 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.

St. Catherine Hospital

By: C Daykirl

James E. Daugherty, Attorney St. Catherine Hospital

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 46410-7032

(219) 769-5500

10.0%