

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE

2002 073585

2002 AUG 16 AM 8:36

CERTIFICATE OF RELEASE RECORDER

PATIENT NAME: James C. Briney

DATE OF ADMISSION: 01/02/02

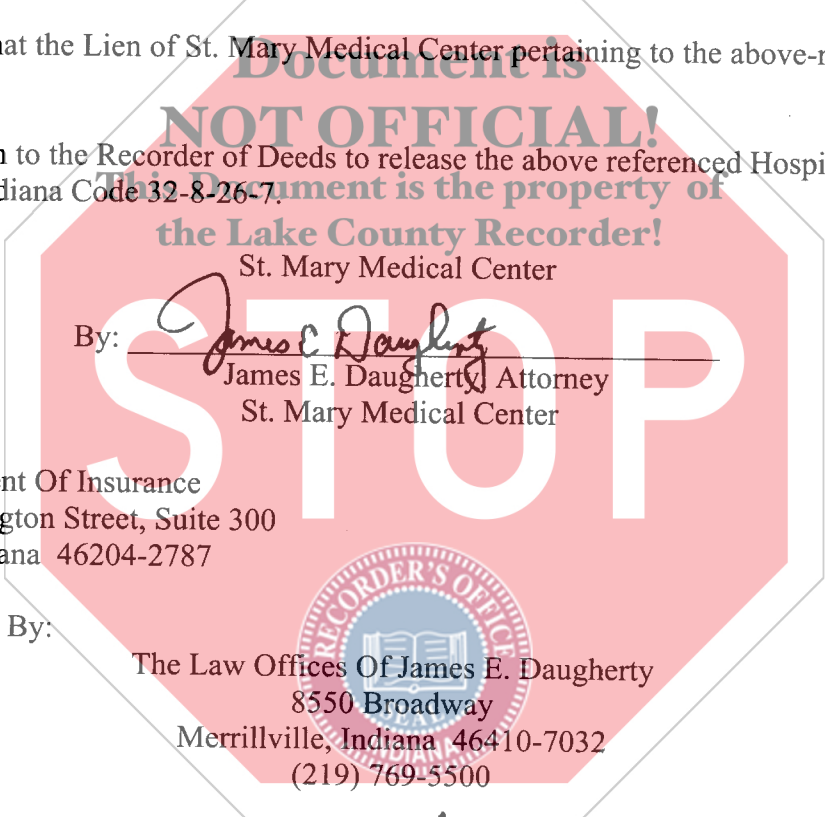
DATE OF DISCHARGE: 01/03/02

AMOUNT OF CLAIM: \$1,648.50

HOSPITAL LIEN DOCKET NO: 2002 011993

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 46410-7032
(219) 769-5500



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KMC