

2002 091834

2002 OCT 11 10:05

**CERTIFICATE OF RELEASE**

PATIENT NAME: Mary E. Brown

DATE OF ADMISSION: 03/26/02

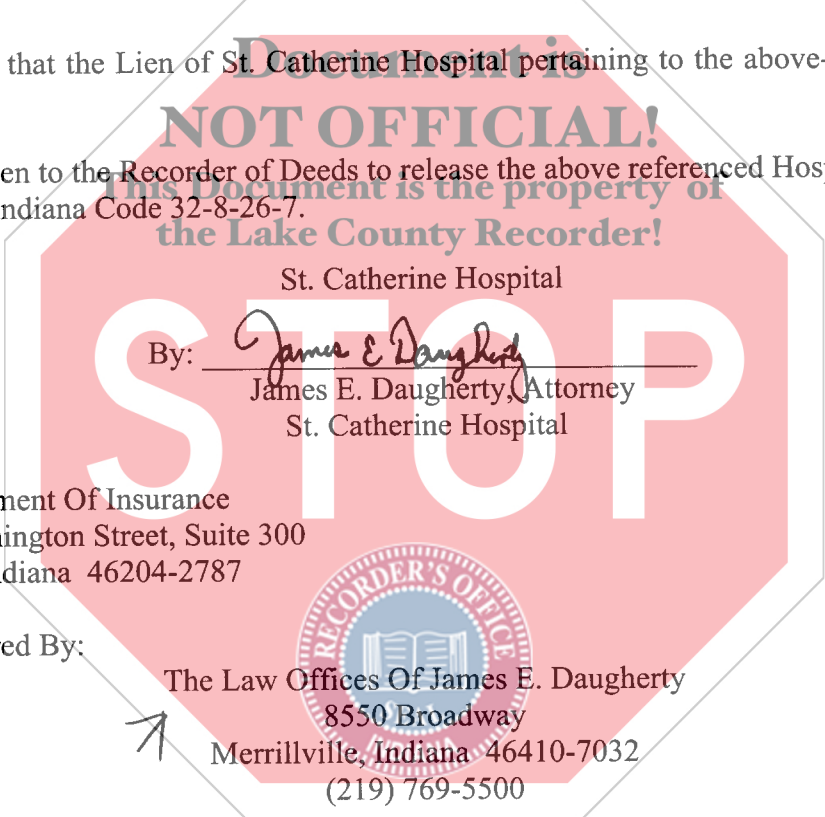
DATE OF DISCHARGE: 04/12/02

AMOUNT OF CLAIM: \$1,322.23

HOSPITAL LIEN DOCKET NO: 2002 049110

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.



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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