

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 102105

2002 NOV -8 AM 9: 25

**CERTIFICATE OF RELEASE**

MORRIS W. CARTER  
RECORDER

PATIENT NAME: Aaron Beeson

DATE OF ADMISSION: 4/13/02

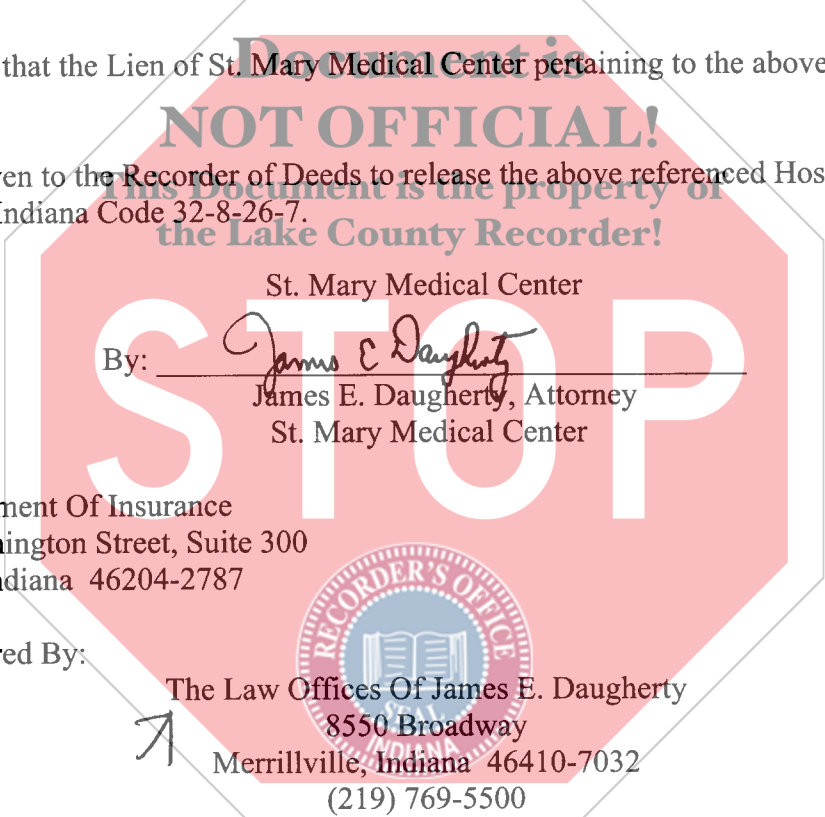
DATE OF DISCHARGE: 4/13/02

AMOUNT OF CLAIM: \$2,524.14

HOSPITAL LIEN DOCKET NO: 2002 049109

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.



By: James E. Daugherty  
James E. Daugherty, Attorney  
St. Mary Medical Center

cc: Indiana Department Of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

This Instrument Prepared By: A  
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