

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 110672

2002 DEC -3 AM 10: 58

MORRIS W. CARTER  
RECORDER

**CERTIFICATE OF RELEASE**

PATIENT NAME: Patricia M. Retherford

DATE OF ADMISSION: 03/07/02

DATE OF DISCHARGE: 03/07/02


AMOUNT OF CLAIM: \$2,696.64

HOSPITAL LIEN DOCKET NO: 2002 064431

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.

St. Mary Medical Center

By:   
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:

The Law Offices Of James E. Daugherty  
8550 Broadway  
Merrillville, Indiana 46410-7032  
(219) 769-5500

10.00  
LP  
ck  
12/01