

2002 110673

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 DEC -3 AM 10: 58

MORRIS W. CARTER
CERTIFICATE OF RELEASE

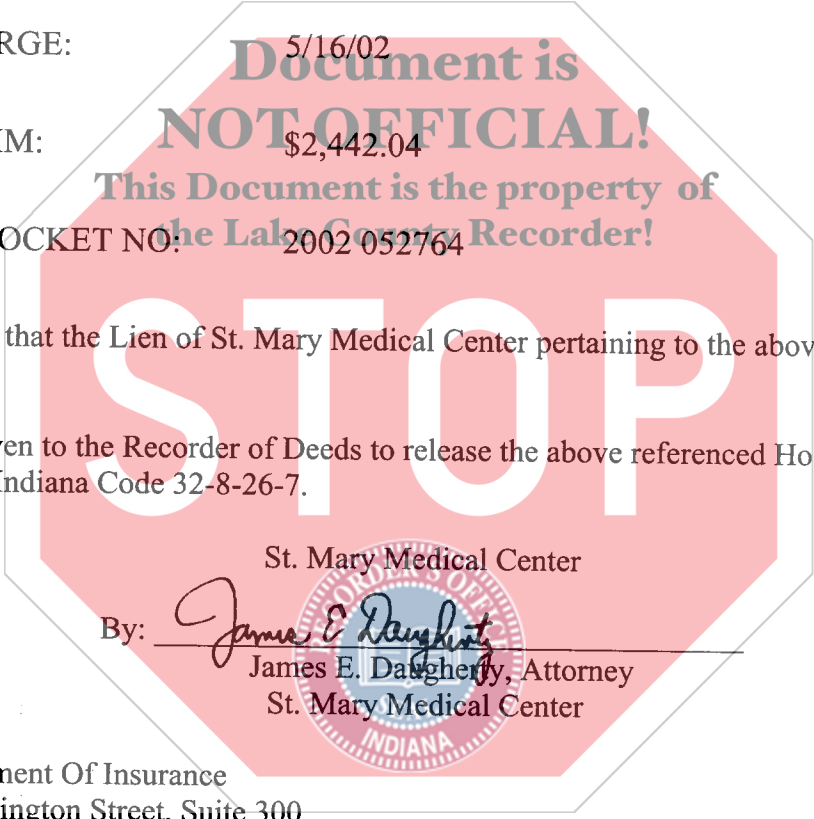
PATIENT NAME: Hiram Maldonado

DATE OF ADMISSION: 5/16/02

DATE OF DISCHARGE: 5/16/02

AMOUNT OF CLAIM: \$2,442.04

HOSPITAL LIEN DOCKET NO: 2002 052764



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
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:

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