

2003 071870

2003 JUL 11 AM 9:08

CERTIFICATE OF RELEASE W. CARTER
RECORDER

PATIENT NAME: Dominic Tene

DATE OF ADMISSION: 08/27/02

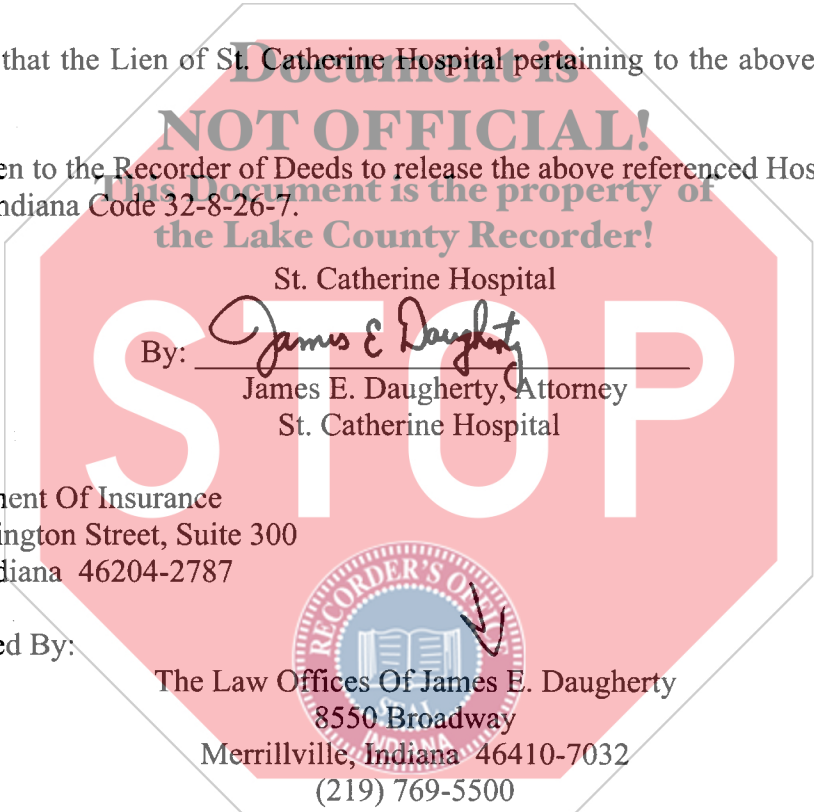
DATE OF DISCHARGE: 08/27/02

AMOUNT OF CLAIM: \$3,856.02

HOSPITAL LIEN DOCKET NO: 2002 082497

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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