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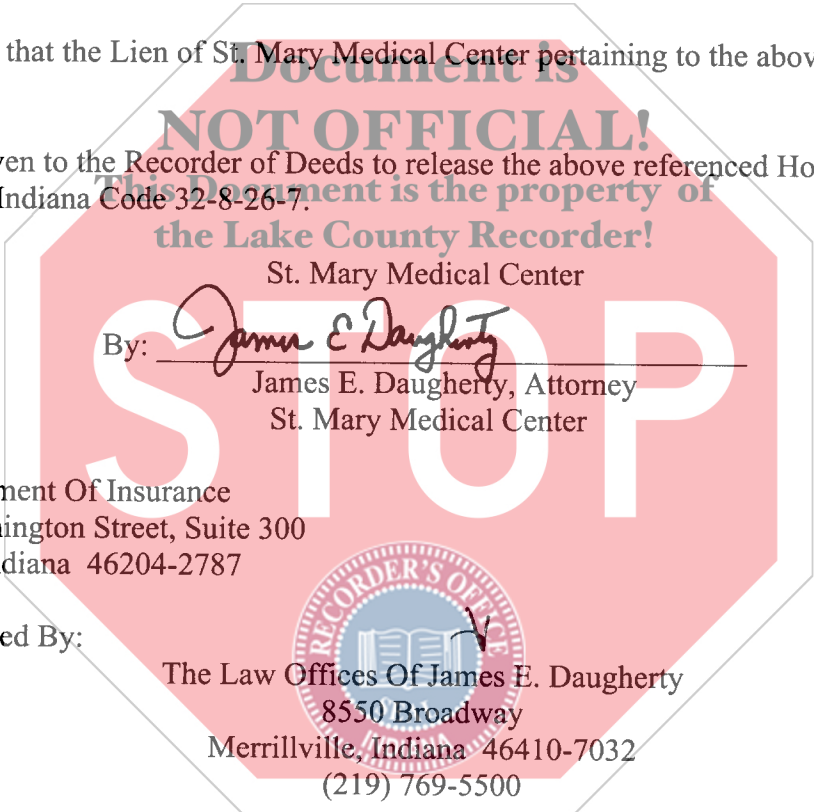
MORRIS
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Ida P. Stathakis
DATE OF ADMISSION: 06/20/03
DATE OF DISCHARGE: 06/20/03
AMOUNT OF CLAIM: \$1,193.53
HOSPITAL LIEN DOCKET NO: 2003 071617

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.



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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C.C.
CK# 12499