

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 104404

2003 OCT -1 AM 9:52

HOBBS & CARTER
RECORDERS

CERTIFICATE OF RELEASE

PATIENT NAME: Maria Munoz

DATE OF ADMISSION: 05/02/97

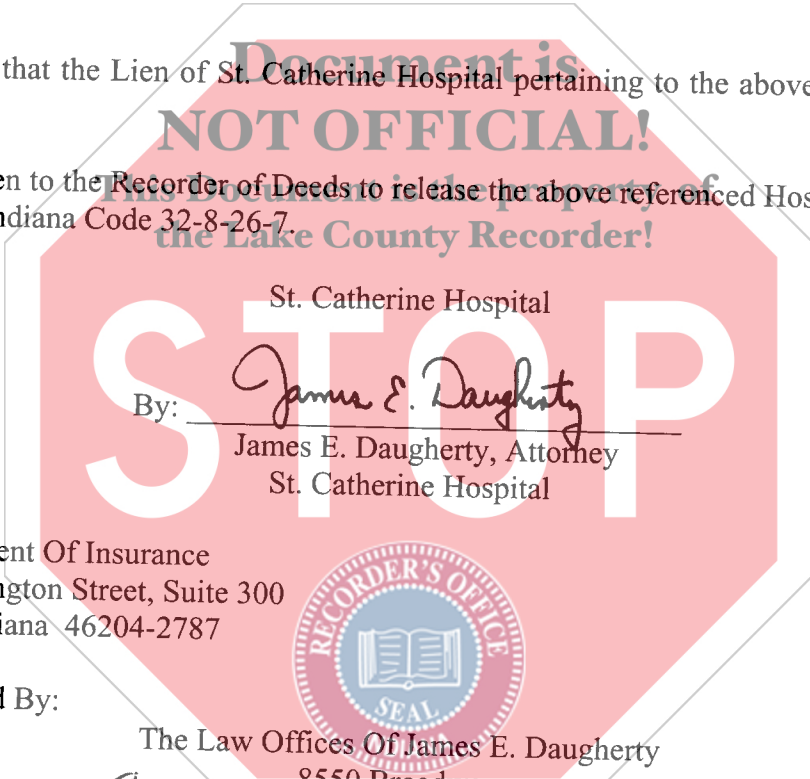
DATE OF DISCHARGE: 05/04/97

AMOUNT OF CLAIM: \$1,832.35

HOSPITAL LIEN DOCKET NO: 97064583

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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