

STATE OF INDIANA
LAKE COUNTY
FIELD FOR RECORD

2003 107641

2003 OCT -8 AM 8:31

MORRIS W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Paul Anderson

DATE OF ADMISSION: 03/13/03

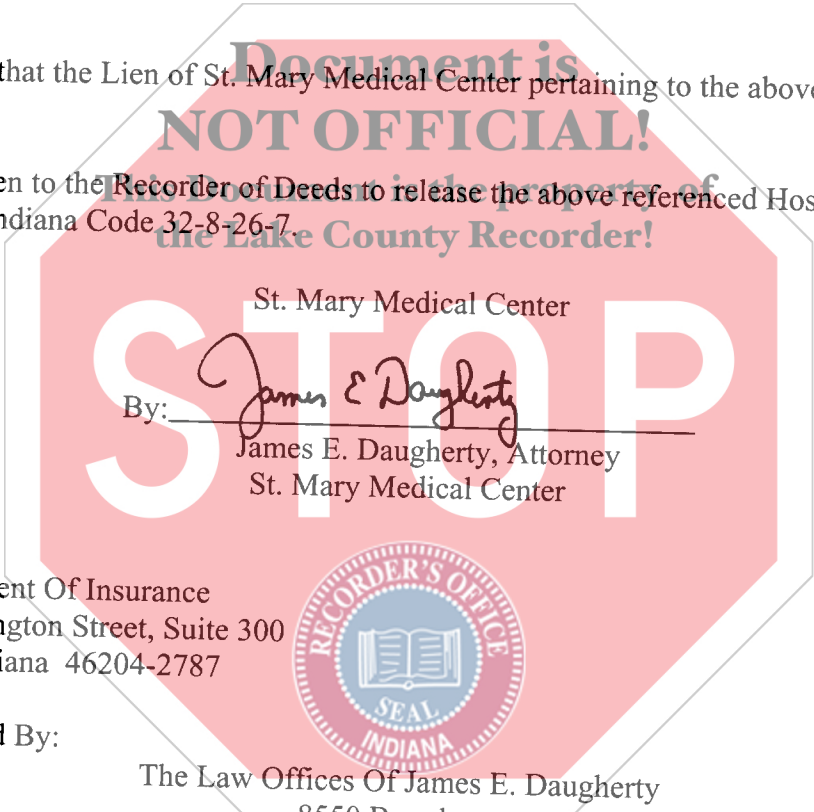
DATE OF DISCHARGE: 00/00/00

AMOUNT OF CLAIM: \$1,236.74

HOSPITAL LIEN DOCKET NO: 2003 043452

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:

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



CK# 12606
10.00
RM