

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 050607

2004 JUN 17 AM 9:26

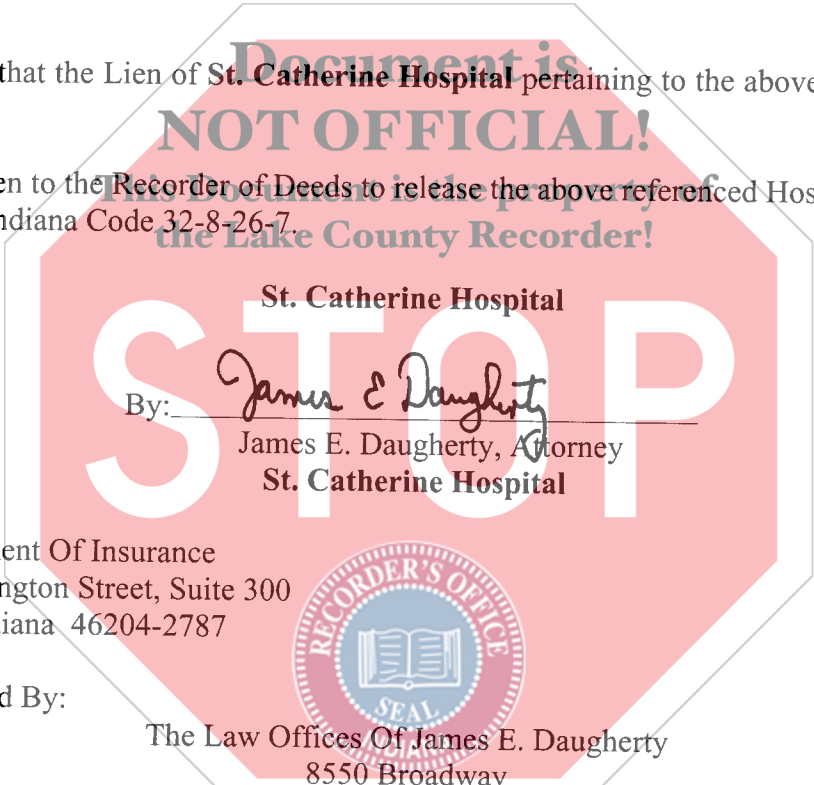
MORRIS W. WILSTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Maria Carmen Salazar
DATE OF ADMISSION: 01/31/04
DATE OF DISCHARGE: 01/31/04
AMOUNT OF CLAIM: \$1,958.58
HOSPITAL LIEN DOCKET NO: 2004 035785

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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