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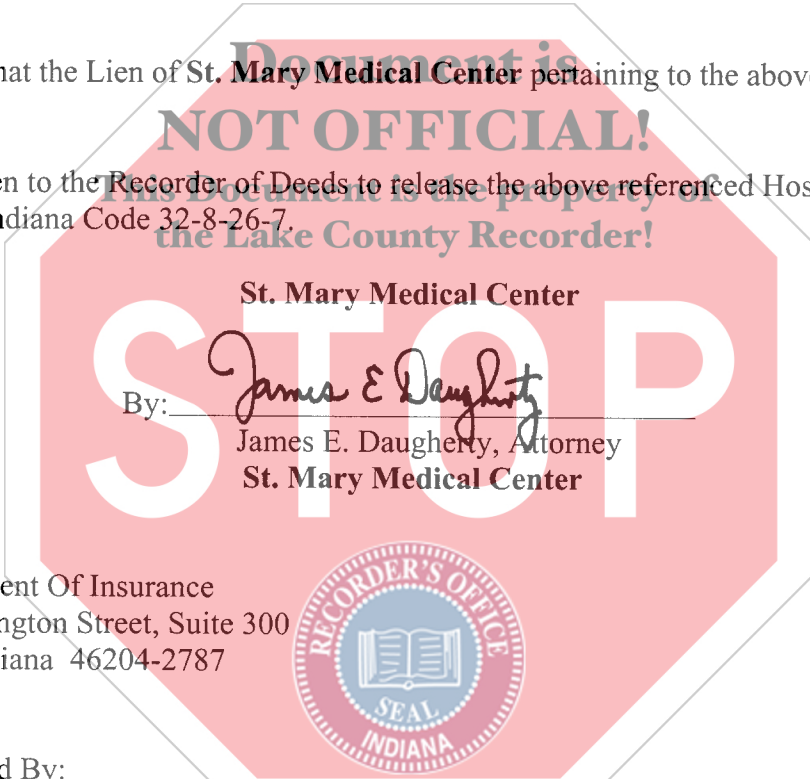
CERTIFICATE OF RELEASE

MORRIS W. WINTER
RECORDER

PATIENT NAME: Laverne Gearing
DATE OF ADMISSION: 11/28/03
DATE OF DISCHARGE: 11/28/03
AMOUNT OF CLAIM: \$1,268.55
HOSPITAL LIEN DOCKET NO: 2004 0035804

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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