

2004 050612

2004 JUN 17 AM 9:27

MORRIS W. GIBLER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: John Kladis

DATE OF ADMISSION: 01/02/04

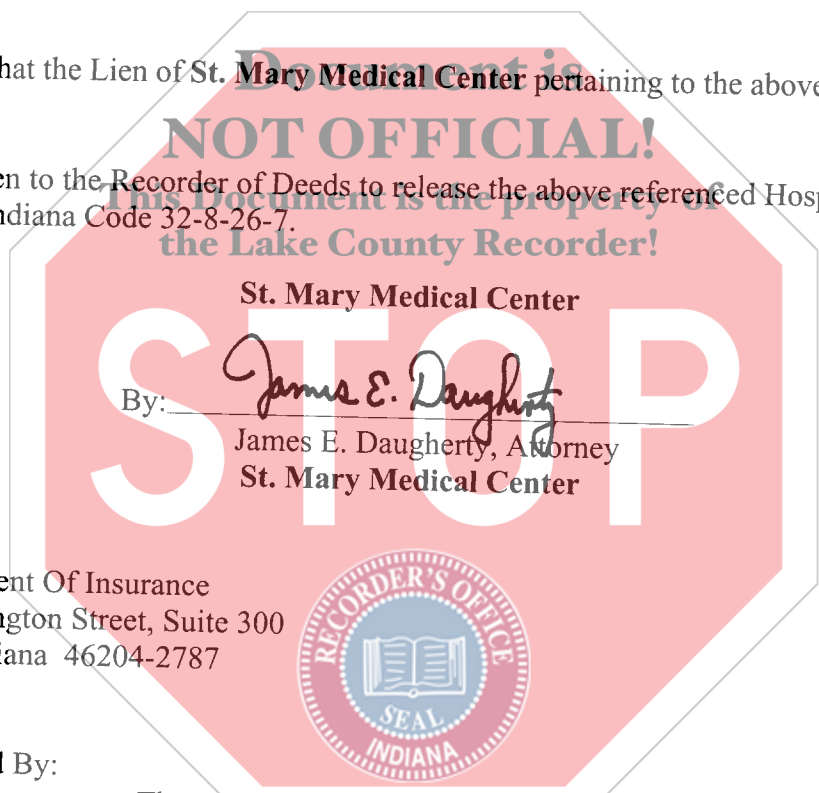
DATE OF DISCHARGE: 02/06/04

AMOUNT OF CLAIM: \$1,210.47

HOSPITAL LIEN DOCKET NO: 2004 018094

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
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