

2004 050614

2004 JUN 17 AM 9:28

MORRIS W. CARTER
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Vera T. Jazyk

DATE OF ADMISSION: 01/15/04

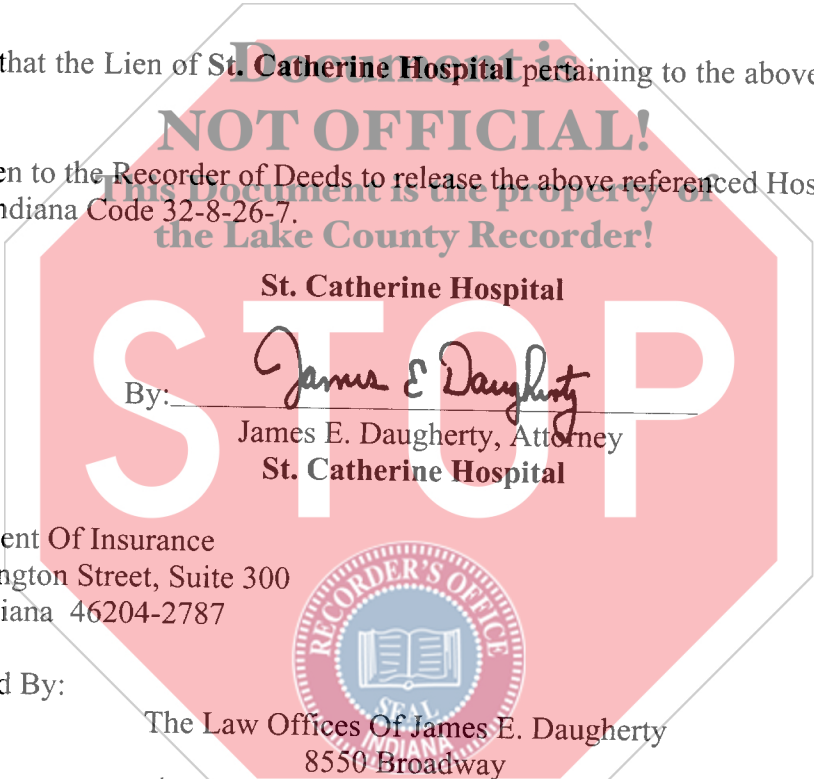
DATE OF DISCHARGE: 01/16/04

AMOUNT OF CLAIM: \$6,673.30

HOSPITAL LIEN DOCKET NO: 2004 013534

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.



By: *James E. Daugherty*
James E. Daugherty, Attorney
St. Catherine Hospital

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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