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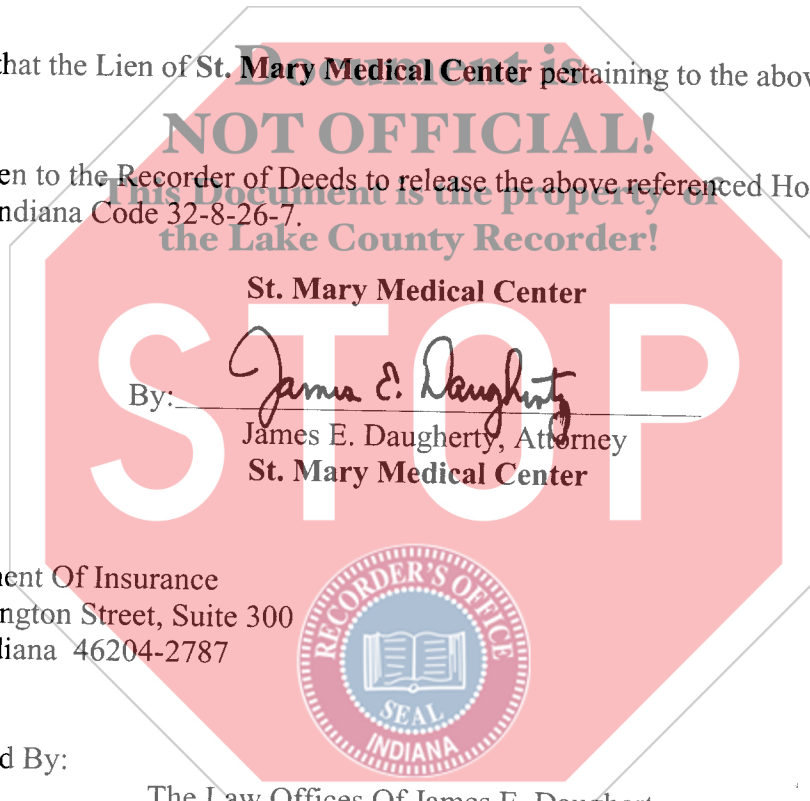
MORRIS W. FUNKER  
RECORDER

**CERTIFICATE OF RELEASE**

PATIENT NAME: Willie Yates  
DATE OF ADMISSION: 01/02/04  
DATE OF DISCHARGE: 00/00/00  
AMOUNT OF CLAIM: \$1,788.57  
HOSPITAL LIEN DOCKET NO: 2004 018093

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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