

LAKE COUNTY
FILED FOR RECORD

2004 079747

2004 SEP 17 10:04:30

MORRIS

CERTIFICATE OF RELEASE

PATIENT NAME: Cecelia Hernandez

DATE OF ADMISSION: 11/19/02

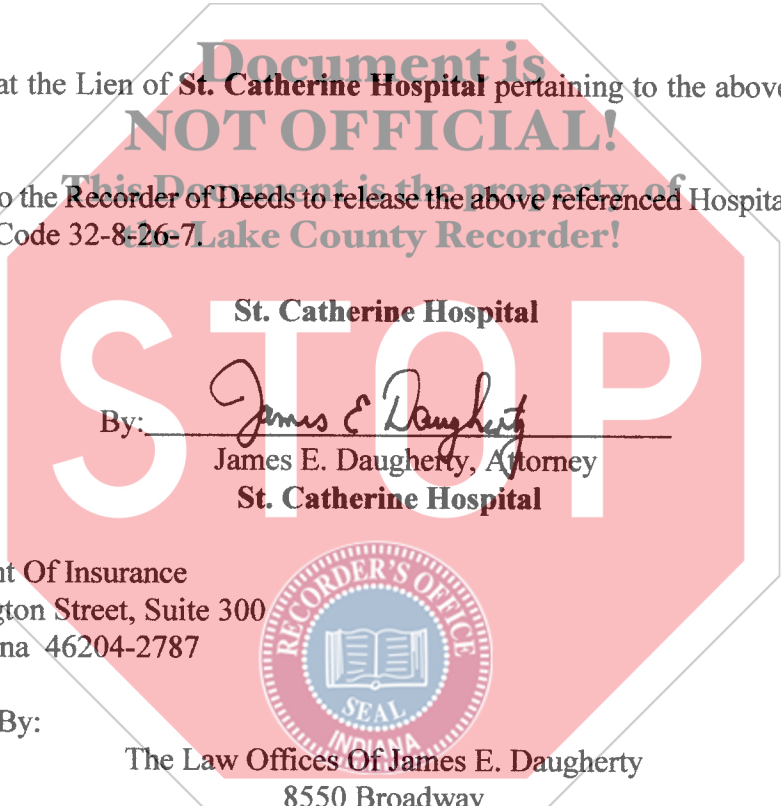
DATE OF DISCHARGE: 11/19/02

AMOUNT OF CLAIM: \$892.10

HOSPITAL LIEN DOCKET NO: 2002 114092

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:

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