

2004 095155

2004 NOV - 8 AM 10: 47

MORRIS W. CARTER
CERTIFICATE OF RELEASE RECORDER

PATIENT NAME: Maria K. Miller

DATE OF ADMISSION: 04/06/04

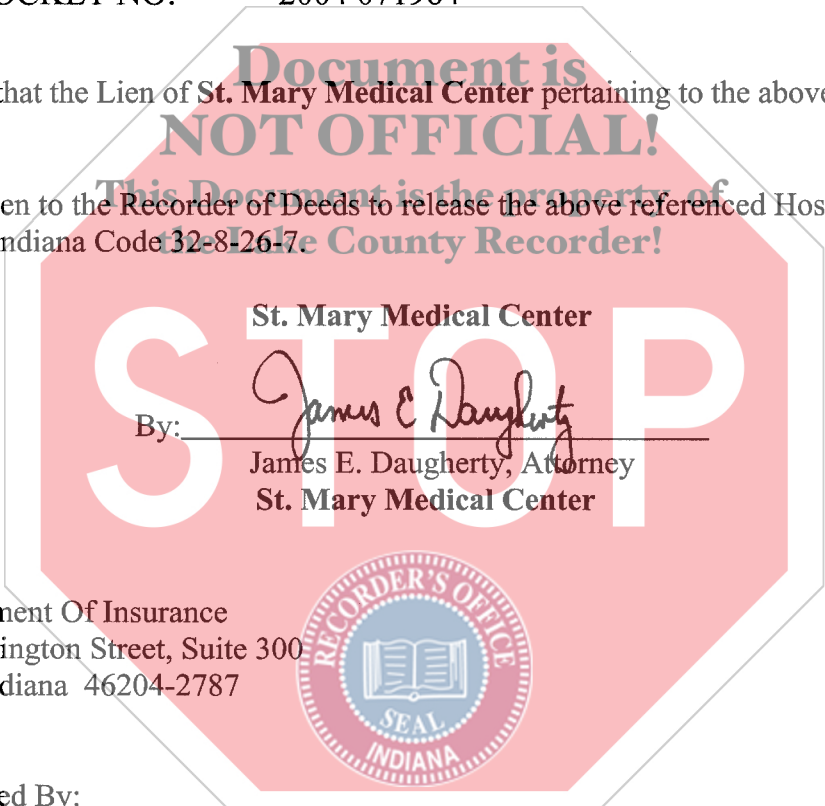
DATE OF DISCHARGE: 05/05/04

AMOUNT OF CLAIM: \$2,060.96

HOSPITAL LIEN DOCKET NO: 2004 071964

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~~ **32-8-26-7**.



St. Mary Medical Center

By: *James E. Daugherty*
James E. Daugherty, Attorney
St. Mary Medical Center

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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