

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 004908

2005 JAN 24 AM 11:23

MICHAEL A. BROWN
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Robert R. Cummings

DATE OF ADMISSION: 09/15/04

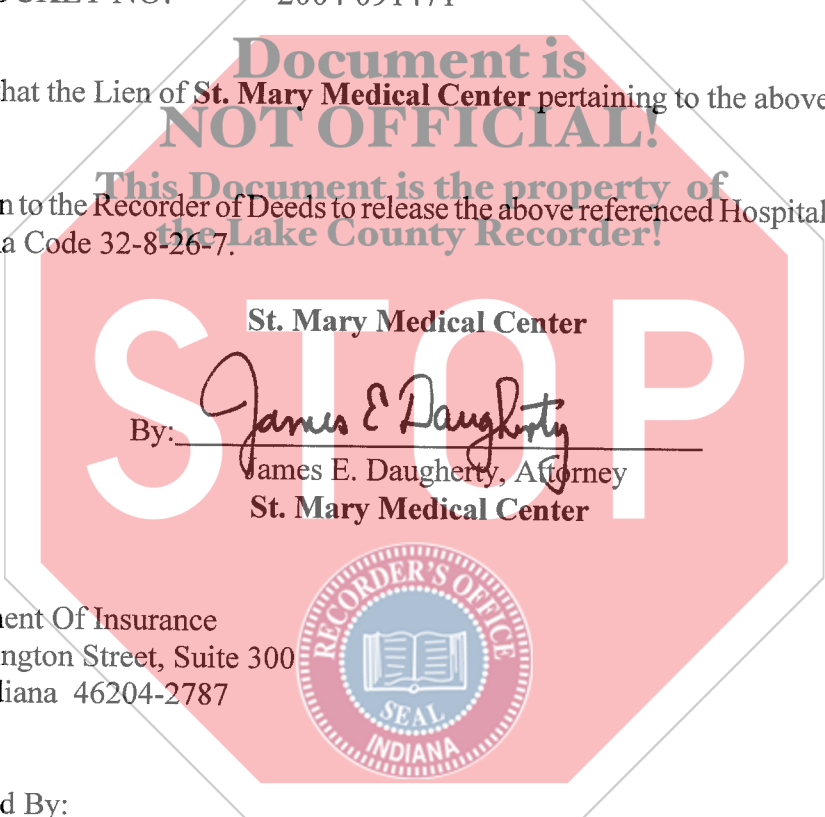
DATE OF DISCHARGE: 09/15/04

AMOUNT OF CLAIM: \$1,336.75

HOSPITAL LIEN DOCKET NO: 2004 091471

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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Merrillville, Indiana 46410-7032
(219) 769-5500

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