

2005 007289

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN 31 PM 12: 24

MICHAEL A. TOWN
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Nathaniel Isabell

DATE OF ADMISSION: 10/01/02

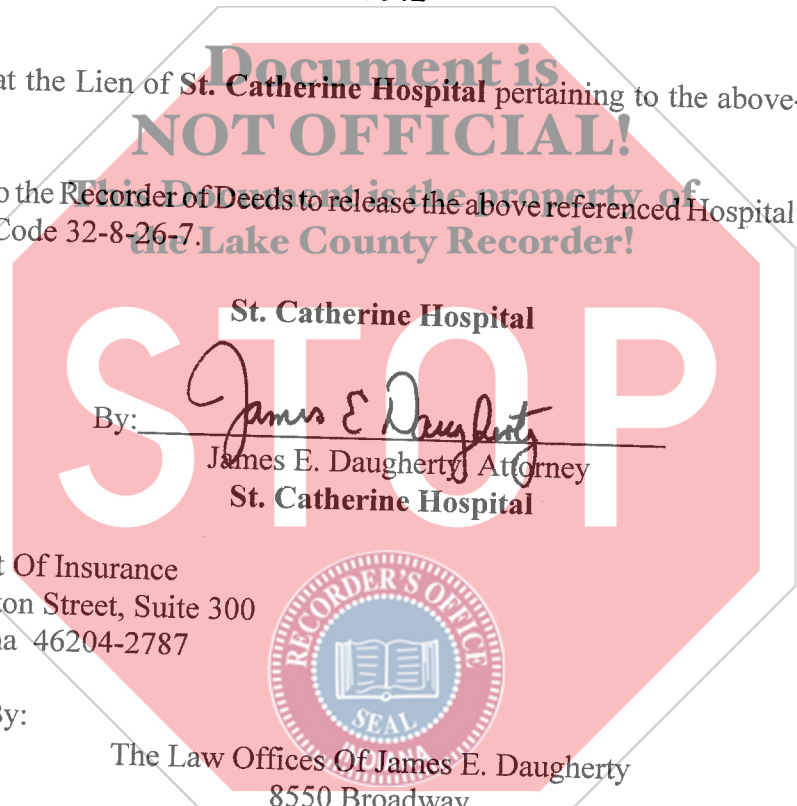
DATE OF DISCHARGE: 10/01/02

AMOUNT OF CLAIM: \$2,581.26

HOSPITAL LIEN DOCKET NO: 2002 102642

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.



St. Catherine Hospital
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
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Merrillville, Indiana 46410-7032
(219) 769-5500



*CK# 13347
10.00
KM*