

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 007290

2005 JAN 31 PM 12: 25

CERTIFICATE OF RELEASE
MICHELE A. BROWN
RECORDER

PATIENT NAME: Patricia Hand

DATE OF ADMISSION: 12/19/03

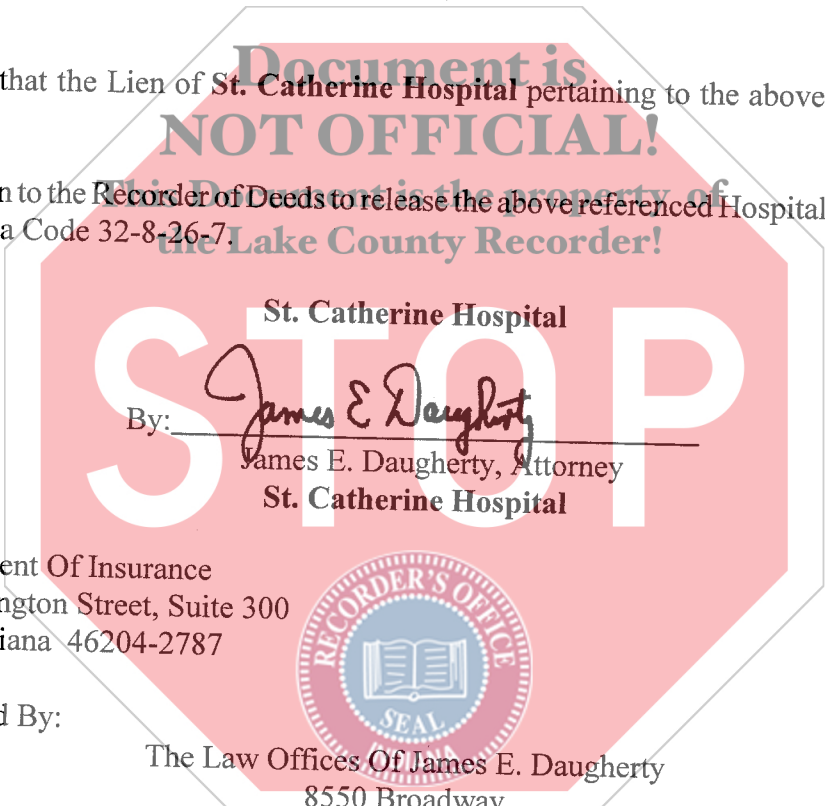
DATE OF DISCHARGE: 12/19/03

AMOUNT OF CLAIM: \$1,357.60

HOSPITAL LIEN DOCKET NO: 2004 010165

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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(219) 769-5500



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CK# 13339