

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 015393

2005 MAR -3 AM 8: 04

MICHAEL A. BROWN
RECORDER

CERTIFICATE OF RELEASE

PATIENT NAME: Tom Kirkpatrick

DATE OF ADMISSION: 07/05/04

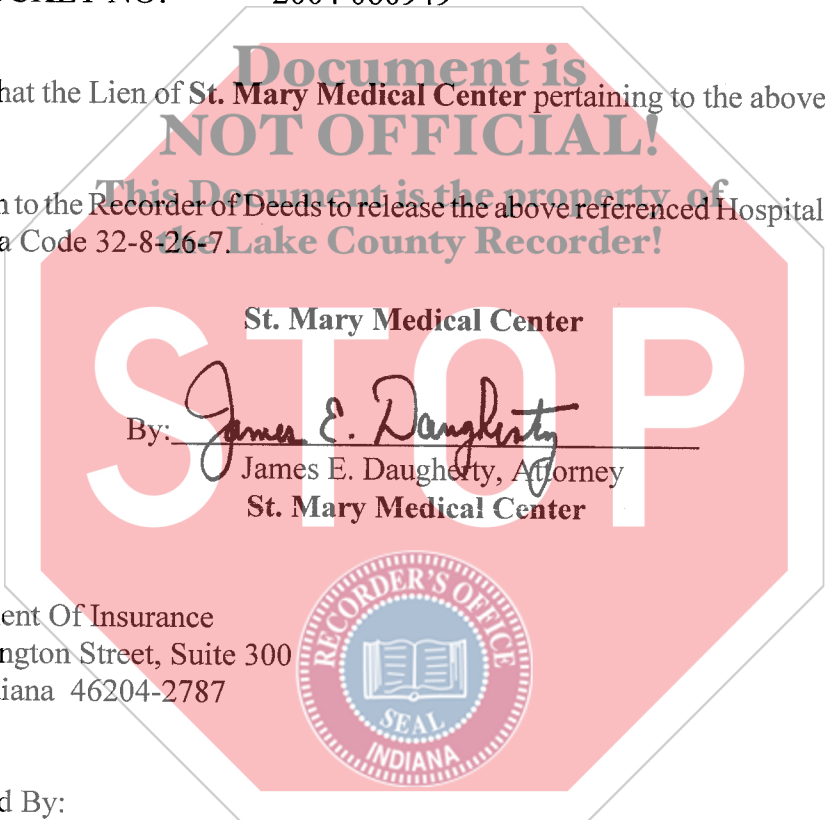
DATE OF DISCHARGE: 07/05/04

AMOUNT OF CLAIM: \$1,599.60

HOSPITAL LIEN DOCKET NO: 2004 060949

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
8550 Broadway
Merrillville, Indiana 46410-7032
(219) 769-5500

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