STATE OF HUMAN LAME CODE.

2007 054821

CERTIFICATE OF RELEASE

PATIENT NAME: Mona Stevens

DATE OF ADMISSION: 01/14/04
DATE OF DISCHARGE: 01/14/04
AMOUNT OF CLAIM: \$1,105.75
HOSPITAL LIEN DOCKET NO: 2004 015186

Notice is hereby given that the above described Hospital Lien of **St. Mary Medical Center** pertaining to the above-named Patient has been discharged and released.

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.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

St. Mary Medical Center

Bv:

ames E. Daugherty, Altorney

Counsel for St. Mary Medical Center

STATE OF INDIANA)SS: COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared James E. Daugherty and acknowledged the execution of the foregoing instrument this 1/2 / day of ________, 2007.

My Commission Expires: November 30, 2009

My County of Residence: Lake

Printed Name

Return To:

The Law Offices Of James E. Daugherty

8550 Broadway

Merrillville, IN 46410

(219) 769-5500

cc:

Indiana Department Of Insurance (1) 1311 West Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

Laura D. Fassoth, Notary Public

Laura D. Fassoth

LAURA D. FASSOTH Notary Public, State of Indiana County of Lake My Commission Expires Nov. 30, 2009