997601

RETURN TO: HODGES, DAVIS, GRUENBERG, COMPTON & SAYERS, P.C.
Attorneys at Law
5525 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain hospital lien by THE METHODIST HOSPITAL OF GARY, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, ~~or Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410~~, (strike inappropriate address) against Jamille Henderson, represented by the Sworn Statement and Notice of Intention To Hold Hospital Lien which was executed on the 14th day of January, 19 87, and recorded on the 28th day of January, 19 87, (as instrument number 899079), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Jamille Henderson, in the amount of Four Hundred Eighty-six and 45/100 ($ 486.45) Dollars, is released this 9th day of SEPTEMBER, 19 88. ~~Please take note that this is a release of lien and not a release of debt in the event of non or partial payment; and The Methodist Hospital of Gary, Inc. reserves all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.~~

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
LAKE COUNTY
FILED FOR RECORD
SEP 15 1:40 PM '88

THE METHODIST HOSPITAL OF GARY, INC.

BY: Yolanda Jaime
YOLANDA JAIME

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Supervisor for the above named Campus of The Methodist Hospital of Gary, Inc., being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Yolanda Jaime
YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 9 day of September, 1988.

Mary Drozda, Notary Public
A Resident of Lake County

My Commission Expires:
8/22/89

This instrument prepared by: Louis C. Zeheralis, Attorney at Law
5525 Broadway, Merrillville, IN 46410

5.00