

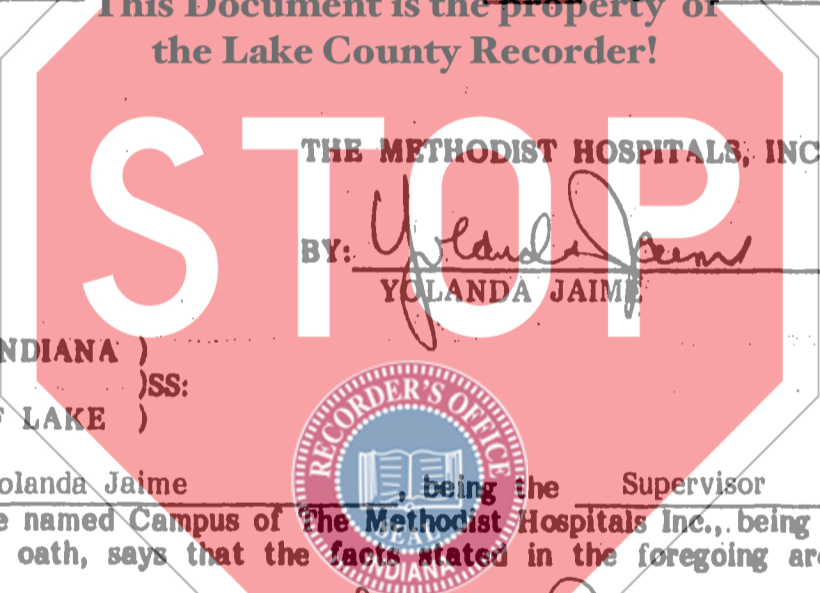
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RETURN TO: HODGES, DAVIS, GRUENBERG, COMPTON & SAYERS, P.C. Attorneys at Law 5525 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain hospital lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, or Southlake Campus, 5701 Broadway, Merrillville, Indiana 46410, (strike appropriate address) against DELORES BANKHEAD, represented by the Sworn Statement and Notice of Intention To Hold Hospital Lien which was executed on the 23rd day of January, 1990, and recorded on the 31st day of January, 1990, (as instrument number 082175), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DELORES BANKHEAD, in the amount of Four Thousand Forty-Three and 25/100 (\$ 4,043.25) Dollars, is released this day of May, 1990.

This Document is the property of the Lake County Recorder!



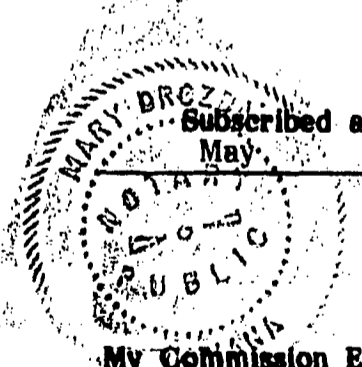
STATE OF INDIANA/S.E. NO. LAKE COUNTY FILED FOR RECORD JUN 5 10 03 AM '90 ROBERT W. BULLMAN RECORDER

STATE OF INDIANA ) )SS: COUNTY OF LAKE )

Yolanda Jaime, being the Supervisor for the above named Campus of The Methodist Hospitals 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 23rd day of May, 1990.



Mary Drczka Notary Public A Resident of Lake County

My Commission Expires: 10-11-93

This instrument prepared by: Clyde D. Compton, Attorney at Law 5525 Broadway, Merrillville, IN 46410

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