

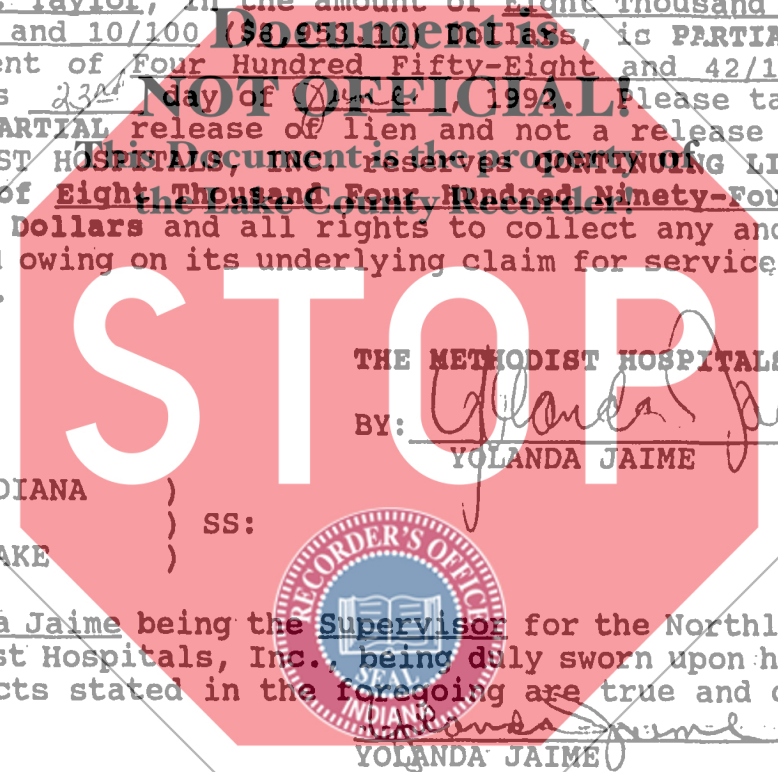
92041568

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

PARTIAL 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, against Tyrone P. Taylor, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of August, 1990, and recorded on the 5th day of September, 1990, (as instrument number 121493), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Tyrone P. Taylor, in the amount of Eight Thousand Nine Hundred Fifty-Three and 10/100 (\$8,953.10) Dollars, is **PARTIALLY** released to the extent of Four Hundred Fifty-Eight and 42/100 (\$458.42) Dollars this 23rd day of June, 1992. Please take note that this is a **PARTIAL** release of lien and not a release of debt; and THE METHODIST HOSPITALS, INC. reserves **CONTINUING LIEN RIGHTS** in the amount of Eight Thousand Four Hundred Ninety-Four and 68/100 (\$8,494.68) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.



THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime
YOLANDA JAIME

JUN 29 9 46 AM '92

STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED FOR RECORD

STATE OF INDIANA)

COUNTY OF LAKE)

SS:

Yolanda Jaime being the Supervisor for the Northlake Campus of The Methodist Hospitals, Inc. being duly sworn upon 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 23 day of June, 1992.

Scott R. Wesson
Notary Public
A Resident of Lake County

My Commission Expires:

April 2, 1995

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
5525 Broadway, Merrillville, IN 46410

224:8



7.00
CX