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RETURNATION HODGES DAVIS, P.C.
RECORDETORNEYS at Law
8700 Broadway
Merrillville, IN 46410

PARTIAL RELEASE OF HOSPITAL LIEN

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This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Outpatient - Southlake Campus, 8701 Broadway, Merrillville Indiana 46410, against Miriam Perez, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of November, 1993, and recorded on the 29th day of November, 1993, (as instrument number 93078978), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Miriam Perez, in the amount of Two Thousand Six Hundred Twentyland 75/100 (\$2.620.75) Dollars, is PARTIALLY released to the extent of one Thousand Six Hundred Fifty-Five and 75/100 (\$1.65.775) Pelase take note that this is a PARTIAL release of lien and not a release of debe; and THE METHODISTO HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Nine Hundred Sixty-Five and 00/100 (\$965.00) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.

BY: SEVIN O. PHILLIPS

STATE OF INDIANA

SS:

COUNTY OF LAKE

Kevin O. Phillips being the Account Representative for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her cath, says that the facts stated in the foregoing are true and correct.

KEVIN O. PHILLIPS

Subscribed and sworn to before me, a Notary Public, this 3/2/day of October, 1995.

), Notary Public

A Resident of Lake County

My Commission Expires: 11-28-95

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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