

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97007839

97FEB 10 AM 8:46

MORRIS W. CARTER
RECORDER

RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN ↗

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Joyce Kikalos, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10th day of July, 1995, and recorded on the 14th day of July, 1995, (as instrument number 95039281), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Joyce Kikalos, in the amount of One Thousand Eight Hundred Thirty-Two and 00/100 (\$1,832.00) Dollars, is released this 30th day of January, 1997.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
MONITA PUCKETT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Monita Puckett being an Service Activity Manager for The Methodist Hospitals, Inc., being duly sworn upon his oath, says that the facts stated in the foregoing are true and correct.

[Signature]
MONITA PUCKETT

Subscribed and sworn to before me, a Notary Public, this 30th day of January, 1997.

[Signature], Notary Public
A Resident of Lake County

My Commission Expires:
11-28-99

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

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