STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97012316

97 FEB 27 AM 10:08

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Clarence Hobson, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of June, 1995, and recorded on the 22nd day of June, 1995 (as instrument number 95034841), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Clarence Hobson, in the amount of Thirteen Thousand fifteen and 12/100 ($13,015.12) Dollars, is released this 11th day of February, 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: Cherrie Mitchell
CHERRIE MITCHELL

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cherrie Mitchell, being the Service Activity Manager 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.

Cherrie Mitchell
CHERRIE MITCHELL

Subscribed and sworn to before me, a Notary Public, this 11th day of February, 1997.

Virgil R. Kolb, Notary Public
A Resident of Lake County

My Commission Expires:

8-6-99

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

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CP

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