

97012528

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

97 FEB 28 AM 8:45

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 James Jones, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of December, 1995, and recorded on the 8th day of December, 1995, (as instrument number 95074906), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of James Jones, in the amount of One Thousand Ninety-One and 00/100 (\$1,091.00) Dollars, is released this 25<sup>th</sup> 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: [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 25<sup>th</sup> day of February, 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

224:2

10.00  
OK #4822  
CP