STATE OF INDIANA LAKE COUNTY FILENTICALECORD

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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 Diana Foreman, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of October, 1994, and recorded on the 31st day of October, 1994, (as instrument number 94074337), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Diana Foreman, in the amount of One Thousand Eight Hundred Seventy and 17/100 (\$1,870.17) Dollars, is released this MAT day of March 1, 1998 ment 15

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, of

the Lake Cothethethodist Hospitals, Inc. BY: Manda Jaime STATE OF INDIANA SS: COUNTY OF LAKE Yolanda Jaime being a Service Unit Manager for The Methodist Hospitals, Inc., being duly sworn upon his oath, says that the facts stated in the foregoing are true and correct. YOLANDA JAIMÉ Subscribed and sworn to before me, a Notary Public, this 31st day of March 1998. A Resident of Ouke Notary Public County My Commission Expires:

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

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