

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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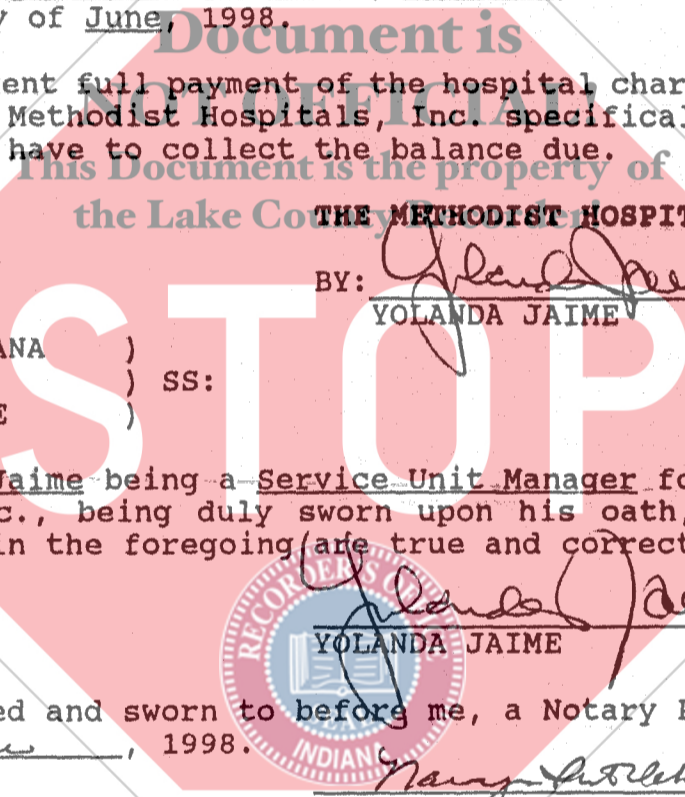
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RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

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 Alonzo Bailey, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of January, 1996, and recorded on the 4th day of January, 1996, (as instrument number 96000707), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Alonzo Bailey, in the amount of One Thousand One Hundred Seventy-Five and 00/100 (\$1,175.00) Dollars, is released this 11th day of June, 1998.

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]
YOLANDA 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.

[Signature]
YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 11 day of June, 1998.

[Signature]
Notary Public
A Resident of [Signature] County

My Commission Expires:
3-24-08

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

224:2



[Handwritten initials]
6/17/98