

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98054162

98 JUL 16 AM 8:40

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 Delores Bankhead, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of September, 1992, and recorded on the 7th day of October, 1992 (as instrument number 9206359(?)), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Delores Bankhead, in the amount of Twenty-Six Thousand Seven Hundred Fifty and 51/100 (\$39,971.79) Dollars, is released this 9th day of July, 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 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.

[Signature]  
YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 9th day of July, 1998.

[Signature], Notary Public  
A Resident of Lake County

My Commission Expires:  
3-24-08

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

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