

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99087153

99 OCT 22 AM 10:20

MONAS 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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against Julie Biscan, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of November, 1998, and recorded on the 8th day of December, 1998, (as instrument number 98097370) in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Julie Biscan, in the amount of Three Thousand Three Hundred Sixty-Six and 81/100 (\$3,366.81) Dollars, is released this 11th day of October, 1999.

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 Oct, 1999.

[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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