

STATE OF IND.  
LAKE COUNTY  
FILED FOR RECORD

99088021

99 OCT 27 AM 8:44

MONICA L. 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 Darrell L. Johnson, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of June, 1999, and recorded on the 2nd day of July, 1999 (as instrument number 99055029), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Darrell L. Johnson, in the amount of Nine Thousand Nine Hundred Thirteen and 22/100 (\$9,913.22) Dollars, is released this 14<sup>th</sup> 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 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 14 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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