

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99088083

99 OCT 27 AM 8:58

NOTARY W. CARTER
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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against Daniel Wilderness represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of September, 1997 and recorded on the 15th day of September, 1997, (as instrument number 97061360), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Daniel Wilderness, in the amount of Four Thousand Twenty-Four and 73/100 (\$4,024.73) Dollars, is released this 20th 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 Southlake Campus of 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 20 day of Oct, 1999.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:
03-24-08

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

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