

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99088084

99 OCT 27 AM 8:58

MOORE & CARTER  
RECORDED

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 Karen Shaffer, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of June, 1995, and recorded on the 21st day of June, 1995, (as instrument number 95034547), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Karen Shaffer, in the amount of Nine Hundred Eighty-Seven and 00/100 (\$987.00) Dollars, is released this 20<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 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<sup>th</sup> day of October, 1999.

[Signature] Notary Public  
A Resident of Lake County

My Commission Expires:  
11-28-99

This Instrument Prepared By: Clyde D. Compton, Attorney at Law  
8700 Broadway, Merrillville, IN 46410  
224:2

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