STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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99 OCT 27 AM 8:58

RETURN TO: HODGES & DAVIS, P.C.
RECORDER 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 17th day of February, 1995, and recorded on the 23rd day of February, 1995, (as instrument number 95009482), 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 Three Thousand Two Hundred Thirty-Nine and 00/100 ($3,239.00) 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: Yolanda Jaime
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.

Yolanda Jaime
YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 20 day of Dec, 1999.

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

224:2

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