

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 012456

2000 FEB 24 AM 8:55

MORRIS 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 - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Mamie Blake, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of January, 1998, and recorded on the 20th day of January, 2000, (as instrument number 98002443), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Mamie Blake, in the amount of Two Thousand Four Hundred Thirteen and 00/100 (\$2,413.00) Dollars, is released this 16th day of February, 2000.

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 16 day of February, 2000.

[Signature]
Notary Public
A Resident of [Signature] 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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