

2000 012458

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 FEB 24 AM 8:57

MORRIS W. CARTER
RECORDER



RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

PARTIAL 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 Sharon Weathersby, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of November, 1999, and recorded on the 23rd day of November, 2000, (as instrument number 99096877), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Sharon Weathersby, in the amount of Thirty-One Thousand Two Hundred Ninety-Five and 76/100 (\$31,295.76) Dollars, is **PARTIALLY** released to the extent of Twenty-Six Thousand Nine Hundred Thirteen and 70/100 (\$26,913.70) Dollars this 16th day of February, 2000. Please take note that this is a PARTIAL release of lien and not a release of debt, and THE METHODIST HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Four Thousand Three Hundred Eighty-Two and 06/100 (\$4,382.06) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
YOLANDA JAIME

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime being the Service Activity Manager for 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 16 day of February, 1999.

[Signature], Notary Public
A Resident of State County

My Commission Expires:
3-24-08

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

224:8

10.00
am
CR#8063