STATE OF INDIANA
LAKE COUNTY
FILED TO TOCKD

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RECOURT TO: HODGE

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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>Sudie R. Green</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>September</u>, 1999, and recorded on the <u>17th</u> day of <u>September</u>, 1999, (as instrument number <u>99076718</u>) in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>Sudie R. Green</u>, in the amount of <u>Five Thousand Two Hundred Thirteen and 00/100</u> (\$5,213.00) Dollars, is released this <u>15</u> day of March, 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:
YOLANDA JAIME

STATE OF INDIANA

COUNTY OF LAKE

Yolanda Jaime being a Service Unit Manager for The Methodist Hospitals, Inc., being duly sworm upon his oath, says that the facts stated in the foregoing are true and correct.

) SS:

YOLANDA JAIME

125. Weldt

Subscribed and sworn to before he, a Notary Public, this 5 day of 2000.

, Notary Public

A Resident of Lake County

My Commission Expires:

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

MAN I - TO

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