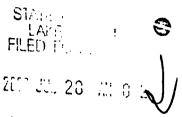
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RETURN TO:

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 Levonne Anderson, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of June, 2000, and recorded on the 7th day of July, 2000, (as instrument number 2000 048380), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Levonne Anderson, in the amount of Twenty-Four Thousand Nine Hundred Forty-Two and 07/100 (\$24,942.07) Dollars, is PARTIALLY released to the extent of Twenty-Two Thousand Nine Hundred Fifty and 00/100 (\$22,950,00) Dollars this 20th day of July, 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 One Thousand Nine Hundred Ninety-Two and 07/100 (\$1,992.07) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient ty Recorder!

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA

SS:

COUNTY OF LAKE

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

YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this of 2000.

NETTE M. JIMENEZ

A Resident of

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ommission, Expires:

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 224:8

> 8495 10.00 Am

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