

STATE OF INDIANA
LAKE COUNTY
FILED

2000 053280

2000 JUL 28 AM 9:20

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.

THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime
YOLANDA JAIME

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
YOLANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 20th day of July, 2000.

Annette M. Jimenez
ANNETTE M. JIMENEZ, Notary Public
A Resident of Lake County

My Commission Expires:

August 28, 2006

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

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