

STATE OF INDIANA
LAKE COUNTY
FILED REC. 9/13/00

2000 066422

2000 SEP 13 AM 8:51 ↓

RETURN TO: C/HODGES & DAVIS, P.C.
RECORDED 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 Michael T. Bridgeman, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of April, 1999, and recorded on the 21st day of April, 1999, (as instrument number 99033719) in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Michael T. Bridgeman, in the amount of One Thousand Three Hundred Sixty-Six and 00/100 (\$1,366.00) Dollars, is released this 13th day of September, 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 11 day of Sept, 2000.

[Signature], Notary Public
A Resident of Lake 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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