STATE OF INUMERAL LAKE COUNTY FILED FOR HECORD

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MORRIS W. CARTER

RETURN TOPORTOBGES & 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Patricia Clemon, 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 24th day of July, 2000 (as instrument number 2000 051825), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Patricia Clemon, in the amount of One Thousand Sixty-Two and 00/100 (\$1,062.00) Dollars, is released this 1/12 day of September, 2000.

In the event full payment of the hospital charges has not been received. The Methodist Hospitals, Vinc. Specifically reserves all rights it may have to collect the balance due.

STATE OF INDIANA

COUNTY OF LAKE

STATE OF LAKE

THE METHODIST HOSPITALS, INC.

BY:

YOLANDA JAIME

Yolanda Jaime, being a Service Unit Manager for the Northlake Campus of 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 // day of ______, 2000.

, Notary Public ident of Lake County

A Resident of Lake County
My Commission Expires:

39.24-08

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

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