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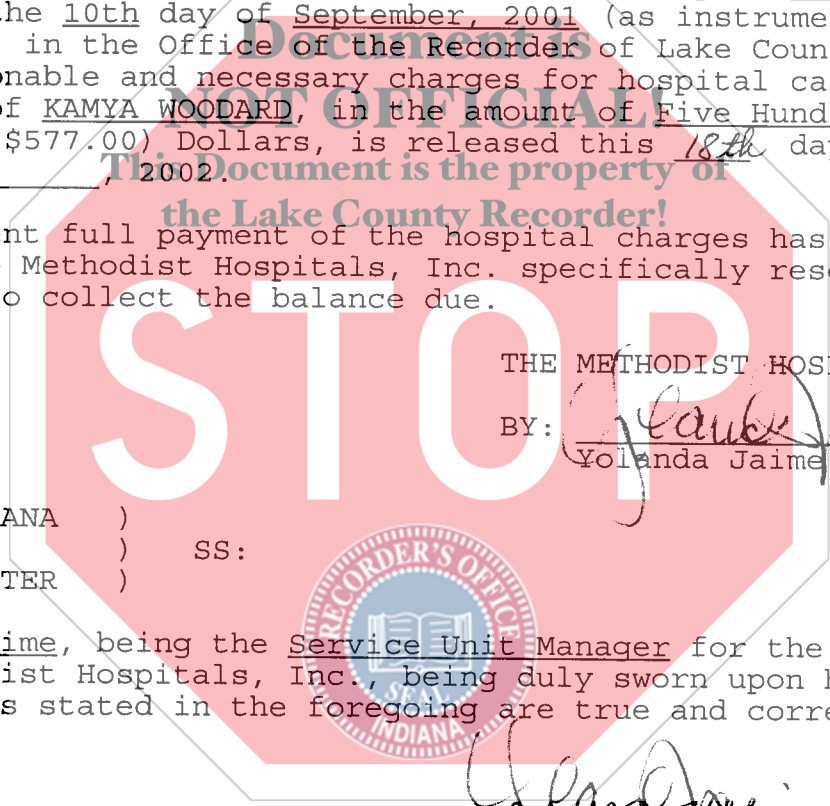
CLERK OF SUPERIOR
RECORDER

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 - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Patricia Woodard, Guarantor for KAMYA WOODARD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of August, 2001, and recorded on the 10th day of September, 2001 (as instrument number 2001-076308), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KAMYA WOODARD, in the amount of Five Hundred Seventy Seven and XX/100 (\$577.00) Dollars, is released this 18th day of January, 2002.



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 PORTER)

Yolanda Jaime, being the 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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 18 day of January, 2002.

[Signature]
Notary Public
A Resident of [Signature] 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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