

FILED FOR RECORDATION

2002 059228

2002 JUL 2 AM 9:25

MORRIS W. CARTER
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 BONITA LOFTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of August, 1998, and recorded on the 28th day of August, 1998 (as instrument number 98067959), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BONITA LOFTON, in the amount of One Thousand Six Hundred Forty Six and XX/100 (\$1,646.00) Dollars, is released this 20th day of June, 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)
)
COUNTY OF PORTER)

SS:

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 20 day of June, 2002.

[Signature]
Notary Public
A Resident of Dee 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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