

2002 066376

2007 JUL 25 9:10

RECORDED
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 ROBERTA DANIEL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of April, 2002, and recorded on the 18th day of April, 2002 (as instrument number 2002-036759), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROBERTA DANIEL, in the amount of Five Hundred Ninety Five and XX/100 (\$595.00) Dollars, is released this 19th day of July, 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 19 day of July, 2002.

[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

116436.00