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LAKE COUNTY 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 TORREY SHUFFORD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of July, 2002, and recorded on the 30th day of July, 2002 (as instrument number 2002-067752), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TORREY SHUFFORD, in the amount of One Thousand One Hundred Thirty One and XX/100 (\$1,131.00) Dollars, is released this 8 day of November, 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 8 day of November, 2002.

[Signature]  
Notary Public  
A Resident of Tippecanoe County

My Commission Expires:  
3-24-08

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



10.00  
RP  
ck  
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