STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 002984

2003 JAN 10 AM 9:00

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 ANGELA MCGEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of July, 2002, and recorded on the 19th day of July, 2002 (as instrument number 2002-064987), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANGELA MCGEE, in the amount of Two Thousand Four Hundred Ten and 00/100 ($2,410.00) Dollars, is released this 30 day of December, 2002.

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STOP
RECORDER'S OFFICE INDIANA

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: _____
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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.

_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 30 day of December, 2002.

_____
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

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