

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2003 002986

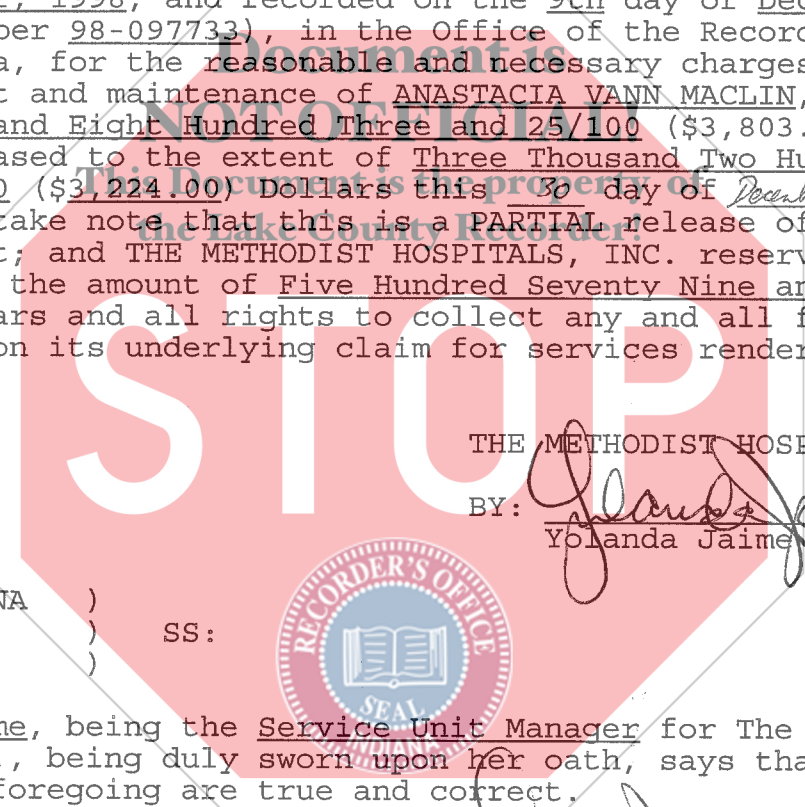
2003 JAN 10 AM 9:00

MORRIS W. CARTER  
RECORDER

RETURN TO: HODGES & DAVIS, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410

PARTIAL RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ANASTACIA VANN MACLIN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of December, 1998, and recorded on the 9th day of December, 1998 (as instrument number 98-097733), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANASTACIA VANN MACLIN, in the amount of Three Thousand Eight Hundred Three and 25/100 (\$3,803.25) Dollars, is PARTIALLY released to the extent of Three Thousand Two Hundred Twenty Four and 00/100 (\$3,224.00) Dollars this 30 day of December, 2002. Please take note that this is a PARTIAL release of lien and not a release of debt; and THE METHODIST HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Five Hundred Seventy Nine and 25/100 (\$579.25) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.



THE METHODIST HOSPITALS, INC.  
BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Yolanda Jaime, being the Service Unit Manager for 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 30 day of December, 2002.

[Signature]  
Notary Public  
A Resident of State 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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