STATE OF INDIANA LAKE COUNTY FILED FOR RECORN

2003 107588

2003 OCT -7 PM 3: 05

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 <u>SUNDAY AJAYI</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of February, 2003, and recorded on the 31st day of March, 2003 (as instrument number 2003-032528), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SUNDAY AJAYI, in the amount of Two Thousand Four Hundred and 00/100 (\$2,400.00) Dollars, is released this the day of the

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.

METHODIST HOSPITALS, INC.

STATE OF INDIANA

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 4 day of (fresz., 2003.

Dany A West Notary Public

A Resident of Ounty

My Commission Expires:

324.08

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