

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2003 109157

2003 OCT -9 PM 1:30

MORRIS W. CARTER  
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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against TAMMY ABERCROMBIE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15th day of May, 2003, and recorded on the 23rd day of June, 2003 (as instrument number 2003-064712), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TAMMY ABERCROMBIE, in the amount of Four Thousand Two Hundred Five and 51/100 (\$4,205.51) Dollars, is released this 8th day of October, 2003.

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 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.

[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 8 day of October, 2003.

[Signature]  
Notary Public  
A Resident of [Signature] 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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10-08  
KIM  
CK# 11104