

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 040108

2004 MAY 14 PM 3:51

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 MICHAEL A. WILSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of May, 2003, and recorded on the 25th day of June, 2003 (as instrument number 2003-065711), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MICHAEL A. WILSON, in the amount of Eighteen Thousand Two Hundred Forty Five and 63/100 (\$18,245.63) Dollars, is released this 10th day of May, 2004.

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)

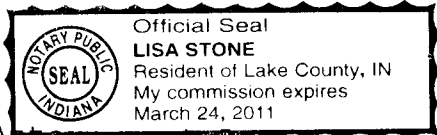
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 10th day of May, 2004.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2011



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

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