STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2004 093917

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MORRIS W. CARTER RECORRETURN 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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ANGELA WOODWORTH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of November, 2002, and recorded on the 14th day of January, 2003 (as instrument number 2003-004225), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANGELA WOODWORTH, in the amount of Four Thousand Ninety Nine and 50/100 (\$4,099.50) in the amount of Four Thousand Ninety Nine and 50/100 (\$4,099.50)

Dollars, is released this 29 day of October , 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 to colle the Lake County THE METHODIST HOSPITALS, INC. landa 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. Subscribed and sworn to before me, a Notary Public, this 2 day of tober \_\_\_, 2004. A Resident of Raff County Official Seal

My Commission Expires:

(SEAL) This instrument Prepared By: Clyde D. Compton, 8700 Broadway, Merrillville, IN 46410

LISA STONE Resident of Lake County, IN My commission expires Merch 24 2011 aw

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