STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2004 093918

2004 NOV -3 PM 3: 18

MORRIS W. CARTER RECORDER TURN 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against THERESE L. MAFFITT, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of November, 2003, and recorded on the 31st day of December, 2003 (as instrument number 2003-136513), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of THERESE L. MAFFITT, in the amount of Twenty Three Thousand Ninety Two and 82/100 (\$23,092.82) Dollars, is released this 29th day of Octaber 12004.

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 the balance due.

the Lake County Prie METHODIST HOSP TALS, INC.

BY:

STATE OF INDIANA

COUNTY OF LAKE

SS:

Yolanda Jaime, being the <u>Service Unit Manager</u> for the Southlake 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 day of <u>tobez</u>, 2004.

(SEAL)

A Resident of

Notary Public County

My Commission Expires:

march 24,2011

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

LISA STONE Resident of Lake County, IN My commission expires

Ok 1/889

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