

2004 093920

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 NOV -3 PM 3:19

MORRIS W. CARTER  
RECORDER  
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 CONSUELO HENDERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of September, 2004, and recorded on the 21st day of September, 2004 (as instrument number 2004-081123), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CONSUELO HENDERSON, in the amount of Two Thousand Four Hundred Seventy Six and 00/100 (\$2,476.00) Dollars, is released this 29th 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.

THE METHODIST HOSPITALS, INC.

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

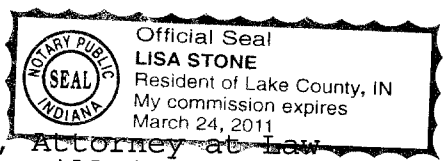
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 29th day of October, 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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