

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 000874

2005 JAN -6 AM 9:27



MICRORETURN TO: HODGES & DAVIS, P.C.
RECORDER 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 ANTOINE HOWARD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of January, 2004, and recorded on the 2nd day of February, 2004 (as instrument number 2004-008898), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTOINE HOWARD, in the amount of One Thousand Five Hundred Twenty Two and 00/100 (\$1,522.00) Dollars, is released this 4th day of January, 2005.

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: *Yolanda Jaime*
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

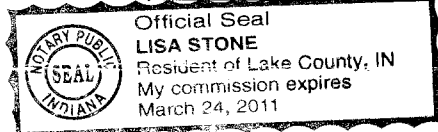
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Yolanda Jaime
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 4th day of January, 2005.

Lisa Stone
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

Handwritten: \$10 -
CK# 10061
Signature: