2005 001095

STATE OF INDIANA FILED FOR RECORD

2005 JAN -6 PM 3:08

MICHAEL A

JAN RETURN TO:

HODGES & DAVIS, P.C. Attorneys at Law

8700 Broadway

Merrillville, IN 46410

PARTIAL 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 <u>RONALYN K. VAUGHN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>18th</u> day of <u>November, 2004</u>, and recorded on the <u>6th</u> day of <u>December, 2004</u> (as instrument number <u>2004-102680</u>), in the Office of the Recorder of Lake County, <u>Indiana</u>, for the reasonable and necessary charges for hospital care, treatment and maintenance of RONALYN K.

VAUGHN, in the amount of Five Thousand Five Hundred Thirty Seven and

00/100 (\$5,537.00) Dollars, is PARTIALLY released to the extent of One
Thousand Five Hundred and 00/100 (\$1,500.00) Dollars this 5th day of

January , 2005. Please take note that this is a PARTIAL
release of lien and not a release of debt; and THE METHODIST HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Four Thousand Thirty Seven and 00/100 (\$4,037.00) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for

services rendered to the patient.

THE METHODIST HOSPITALS, INC.

inda Jaime

STATE OF INDIANA

COUNTY OF LAKE

SS:

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.

Yd anda Jaime

Subscribed and sworn to before me, a Notary Public, this 5 day of neng, 200A.5

Notary Public A Resident of

My Commission Expires:

3-24-08

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

MoloCIATO SA