STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 005116

2005 JAN 25 PM 2: 05

MICHAEL A UNOYAN 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 MARK E. CUNNINGHAM, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of January, 2004, and recorded on the 26th day of January, 2004 (as instrument number 2004-007084), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MARK E. CUNNINGHAM, in the amount of One Thousand Seven Hundred Twenty Three and 83/100 (\$1,723.83) Dollars, is released this 18th day of Tanuary 12005.

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

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

Subscribed and sworn to before me, a Notary Public, this 18th day of January, 2005.

My Commission Expires:

March 24, 2011

Notary Public A Resident of Sale County

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

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

W. C. F. X. P.