STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 048602

2005 JUN 10 [illegible]

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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 Maria T. Garcia Guarantor For LUIS R. GARCIA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of January, 2003, and recorded on the 5th day of February, 2003 (as instrument number 2003-012959), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LUIS R. GARCIA, in the amount of Ten Thousand Two Hundred Twenty Six and 41/100 ($10,226.41) Dollars, is released this 7th day of June, 2005.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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 7 day of June, 2005.

[signature]
Notary Public
A Resident of Lake County

My Commission Expires:

3-24-08

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

$10 - Ck#12387 KD

5555-122507