

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 048606

2005 JUN 12 10 02 26

MONDAY

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 CAROLYN ANDERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10th day of February, 2003, and recorded on the 24th day of February, 2003 (as instrument number 2003-019371), in the Office of the Recorder of Lake County, Indiana for the reasonable and necessary charges for hospital care, treatment and maintenance of CAROLYN ANDERSON, in the amount of One Thousand One Hundred Forty Three and 00/100 (\$1,143.00) Dollars, is released this 25th day of May, 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: [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 25 day of May, 2005.

[Signature]
Notary Public
A Resident of [Signature] County

My Commission Expires:
3-24-08

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

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