

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 048610

2005 JUN 10 PM 04:28



MICHAEL J. ...
BE 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 JOYCE A. WINDFIELD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of August, 2003, and recorded on the 1st day of October, 2003 (as instrument number 2003-104635), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOYCE A. WINDFIELD, in the amount of Six Hundred Eighty Two and 15/100 (\$682.15) Dollars, is released this 26th 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)
)
COUNTY OF LAKE)

SS:

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 26 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

#10-
CK# 12387
[Signature]