2006 009857

STATE OF INDIAH LAKE COUNTY FILED FOR RECORD

2006 FEB - 7 PM 4: 04

MICHAEL A BROWN

RECORDER 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 BERNICE JORDAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of November, 2005, and recorded on the 1st day of December, 2005 (as instrument number 2005-105573), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BERNICE JORDAN, in the amount of Three Thousand Eight Hundred Seventy Nine and 00/100 (\$3879.00) Dollars, is released this 31st day of January County Recorder!

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. olanda Jaime

STATE OF INDIANA

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 3151 2006.

A Resident of _

My Commission Expires:

march 24,7011

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

This instrument Prepared By: Clyde D. Compton, Attorney at Law

(SEAL

8700 Broadway, Merrillville, IN 46410

*CV# 2884

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

MONICA ENGLISH

Printed Name of Declarant