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2006 009862

STATE OF INDIAN 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 ALEXIS TAYLOR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of October, 2005, and recorded on the 18th day of November, 2005 (as instrument number 2005-102105), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEXIS TAYLOR, in the amount of Three Thousand One Hundred Two and 00/100 (\$3102.00) Dollars, is released this 3/3t day of

the Lake 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.

alanda Jaime

STATE OF INDIANA

SS:

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Northiske Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foresting are true and correct.

foregoing are true and correct.

Walanda Jaime

Subscribed and sworn to before me, a Notary Public, this 31 day of ganuary, 2006.

Busa Stone

Notary Public

A Resident of Jalu

County

My Commission Expires: Marcin 34,701

SEAL

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

CONTROL OF SA

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: unty Recorder!

- 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