2006 009865

STATE OF INDIAN LAKE COUNT FILED FOR RECORD

2006 FEB -7 PM 4: 05

MICHAEL A. BROWN

RECTURN 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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against HELENE A. MORES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of October, 2005, and recorded on the 4th day of November, 2005 (as instrument number 2005-097392), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of HELENE A. MORES, in the amount of One Thousand Fifteen and 00/100 (\$1015.00) Dollars, is released this 315+ the Lake County Recorder! day of Januayy

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.

> HE N ETHODIST HQSP Yolanda Jaime

STATE OF INDIANA

SS:

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Southlake 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 day of 2006.

Notary Public

A Resident of

County

My Commission Expires: March 24, 2011

(SEAL) **EDIANS**

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

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 36-247.5-5(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