2006 009867

STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2006 FEB -7 PM 4: 05



MICHAIRETURNINO: HODGES & DAVIS, P.C. RECORDER

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 MARIA NEUWIRTH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of December, 2005, and recorded on the 17th day of January, 2006 (as instrument number 2006-003548), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MARIA NEUWIRTH, in the amount of Eight Hundred Seventy Four and 00/100 (\$874.00) Dollars, is released this 31st day of January 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.

METHODIST HOSPITALS, INC. olanda Jaime

STATE OF INDIANA

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upor 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 31" day of Quinau 2006.

Notary Public

A Resident of Jaire

County

Lake County, IN

USA STONE

My Commission Expires:

March 24, 2011

My commission expires
March 24, 2011 WOIAND

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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

Document is

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).

This Document is the property of

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