2006 012069

STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2006 FEB 14 PM 1: 57

MICHAEL A BROWN

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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against SCOTT A. DRAKE, 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 26th day of October, 2005 (as instrument number 2005-094488), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SCOTT A. DRAKE, in the amount of One Thousand Eight Hundred Forty Six and 00/100 (\$1846.00) Dollars, is released this The day of February, 2006.

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:

olanda 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 \_ 2006.

\_\_ day of \_

Notary Public

A Resident of LAKS County

My Commission Expires:

OctoBER 10,2013

Official Seal SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013

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

8700 Broadway, Merrillville, IN 46410

(SEAL)

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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).

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