2006 012073

STATE OF INDIA. FILED FOR RECOR.

2006 FEB 14 PM 1:57

MICHAE RETURNITO: 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., Inpatient - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against WILLIAM F. CRUM, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of January, 2005, and recorded on the 7th day of February, 2005 (as instrument number 2005-008938), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIAM F. CRUM, in the amount of One Hundred Thirteen Thousand Forty Four and 40/100 (\$113,044.40) Dollars, is released this 7th day of FELOQUARY 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.

BY: Yolanda Vaime

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 O7 day of FEBRUARY

2006.

A Resident of LAKE

(SEAL)

Notary Public County

My Commission Expires:

OCTOBER 10, 2013

Official Seal

SHERRY C. FOUST
Resident of Lake County, IN
My commission expires
October 10, ≥013

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