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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 018020

2006 MAR -3 AM 11:19

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 LUBERTHA SIMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of April, 2004, and recorded on the 28th day of April, 2004 (as instrument number 2004-034708), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LUBERTHA SIMS, in the amount of Two Thousand Eight Hundred Fifty and 00/100 (\$2850.00) Dollars, is released this 20th 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: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



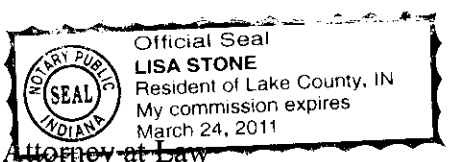
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 20th day of February, 2006.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2011



This instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#12 -
CK#12940
Cm

Prescribed by the
State Board of Accounts
(2005)

County form 170

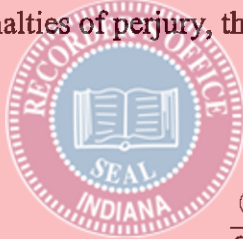
Declaration

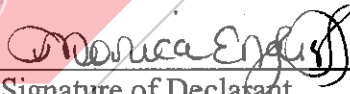
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby 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

130682