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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

2006 019790

2006 MAR -9 PM 3:29

MICHAEL A. BROWN
RECORDER



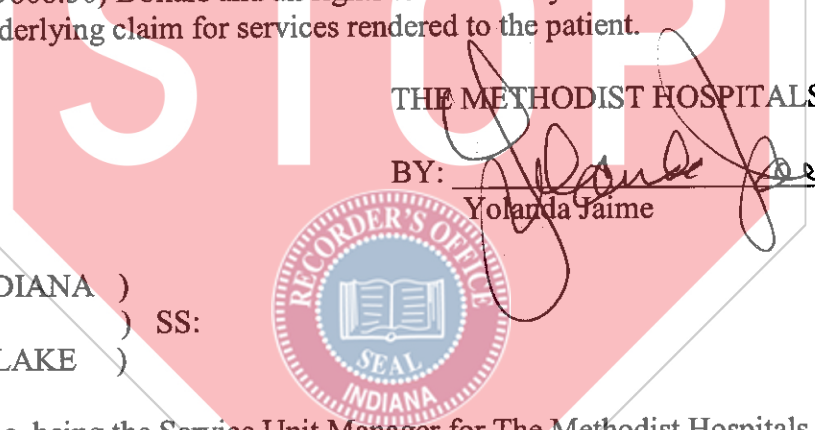
RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

PARTIAL RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Inpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ROSIE HOLSEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of November, 2005, and recorded on the 21st day of December, 2005 (as instrument number 2005-112073), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROSIE HOLSEY, in the amount of Twenty Four Thousand Six Hundred Six and 50/100 (\$24606.50) Dollars, is PARTIALLY released to the extent of Five Thousand and 00/100 (\$5000.00) Dollars this 2nd day of March, 2006. Please take note that this is a PARTIAL release of lien and not a release of debt; and THE METHODIST HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Nineteen Thousand Six Hundred Six and 50/100 (\$19606.50) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda Jaime



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

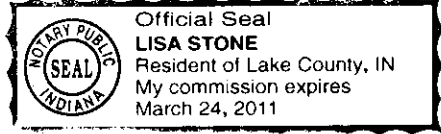
Yolanda Jaime, being the Service Unit Manager for The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 2nd day of March, 2006.

Lisa Stone
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

[Handwritten initials]
#12-
CL# 10945

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

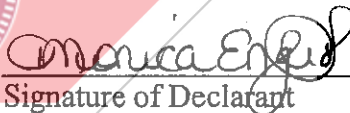
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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

141773