2006 019791

STATE OF ACTUA LAKE COUNT FILED FOR RECOR

2006 MAR - 9 PM 3: 29

MICHAEL A BROWN RECUBBLE

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., Inpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against MASTER ALI-MOHAMMED, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of May, 2005, and recorded on the 2nd day of June, 2005 (as instrument number 2005-045208), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MASTER ALI-MOHAMMED, in the amount of Fourteen Thousand Three Hundred Forty Three and 00/100 (\$14343.00) Dollars, is released this 2¹⁰⁰ day of 100 Ch 2006. 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.

THE METHODIST HOS

Molanda 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.

olanda Jaime

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

Notary Public A Resident of Make County

My Commission Expires:

Wanch 24, 2011

(SEAL)

um Stone

Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011

201AN This instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Com Charles

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.

MONICA ENGLISH

Signature of Declar

Printed Name of Declarant