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LAKE COUNTY FILED FOR RECORD

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MIC 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., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against JOE CERDA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of August, 2005, and recorded on the 21st day of September, 2005 (as instrument number 2005-082756), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOE CERDA, in the amount of Seven Hundred Thirty Six and 00/100 (\$736.00) Dollars, is PARTIALLY released to the extent of Six Hundred Sixty One and 00/100 (\$661.00) Dollars this 8th day of august ,,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 Seventy Five and 00/100 (\$75.00) 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. Yolanda Jaime STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Service Unit Mariager for The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this 8th day of August Notary Public A Resident of <u>Fano</u> County My Commission Expires: march 24,2011 Official Seal LISA STONE Resident of Lake County, IN My commission expires (SEAL larch 24, 2011 I affirm, under the penalties for perfury/that I have taken reason security number in this document, unle required by This instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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