STATE OF INDIANA LAKE COUNTY FILLED FOR RECORD

2006 090276

2006 QCI 16 AM 10: 09

RETURN TO: HADGES & DAVISARIC. Attorneys at Dave R 8700 Broadway

8700 Broadway Merrillville, IN 46410

## **RELEASE OF HOSPITAL LIEN**

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Outpatient - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against JIMMY R. HEAD JR., represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of July, 2004, and recorded on the 20th day of July, 2004 (as instrument number 2004-060987), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JIMMY R. HEAD JR., in the amount of Seven Thousand Five Hundred Thirty and 00/100 (\$7530.00) Dollars, is released this 10-roday of 10-10-10-10 (\$7530.00)

ATT A D. T. A.
HEAD JR., in the amount of Seven Thousand Five Hundred Thirty and 00/100 (\$7530.00)
Dollars, is released this Oroday of October , 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.
Hospitals, inc. specifically reactived attributes
THE ACTION OF THE PARTY OF THE
THE, MEY HODIST HOSPITALS, INC.
BY: Car dely
Yohanda Jaime
STATE OF INDIANA )
) SS:
COUNTY OF LAKE
The Day of the Control of the Contro
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.
Marielle
Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 10 day of October, 2006.
Subscribed and swom to before me, a Notary Fublic, this 10 day of 0000000, 2000.
L. 1 Lorge
_ Suon stone
Notary Public
A Resident of Ballo County
My Commission Expires:  Official Seal
My Continussion Expires.
If Idille 1 A A A A A A A A A A A A A A A A A A
My commission expires
I affirm, under the penalties for perjury, that I have taken reasonable care to tellact each social
security number in this document, unless required by law.
$\frac{1}{2}$
This instrument Prepared By:
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410
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