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Y

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 VICTORIA JACKSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of April, 2005, and recorded on the 26th day of April, 2005 (as instrument number 2005-033241), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of VICTORIA JACKSON, in the amount of Three Thousand Four Hundred Eighty Three and 00/100 (\$3483.00) Dollars, is released this DISP day of NOVEMBER 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:

Volanda Jaime

STATE OF INDIANA

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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 21 day of now 2006.

Kina Hone

Notary Public

A Resident of Mill County

(SEAL)

My Commission Expires:

manu 34, 2011

Official Seal
LISA STONE
Resident of Lake C

Resident of Lake County, IN My commission expires

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By:

Clyde D Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Market May