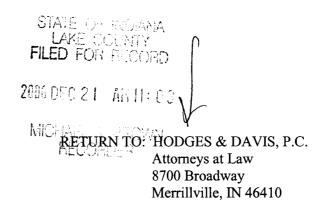
2006 111870



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 <u>DEBORAH WILSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>2nd</u> day of <u>October, 2006</u>, and recorded on the <u>1st</u> day of <u>November, 2006</u> (as instrument number <u>2006-095704</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DEBORAH WILSON</u>, in the amount of <u>Nine Hundred Twenty and 00/100</u> (\$920.00) Dollars, is released this <u>I/+</u> day of <u>Occ. Moc. November</u>, 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: Yolanda Jaime

STATE OF INDIANA)

COUNTY OF LAKE

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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this II day of December, 2006.

Jua Stone

Notary Public

LISA STONE
Resident of Lake County, IN
My commission expires

Official Seal

(SEAL)

A Resident of Hall County

My Commission Expires:

MACh 24, 2011

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

This instrument Prepared By:

Clyde D. Compton, Attorney at Law 8/700/Broadway, Merrillville, IN 46410

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