2006 111874

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2885 BEC 2 I ANTH: 04
MICHAEL A 15 TOWAL

RETURNITO: 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 Anthony Green Sr. Guarantor For ANTHONY GREEN, JR., represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of May, 2003, and recorded on the 20th day of June, 2003 (as instrument number 2003-063659), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTHONY GREEN, JR., in the amount of Two Thousand Two Hundred Fifty Four and 24/100 (\$2254.24) Dollars, is released this May day of December 9, 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
) 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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 11th day of De Comber, 2006.

Notary Public A Resident of Harry County

My Commission Expires:

March 24 2011

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

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

This instrument Prepared By:

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