2007 044528

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against MAUREEN CLAY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of February, 2007, and recorded on the 16th day of March, 2007 (as instrument number 2007-022694), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MAUREEN CLAY, in the amount of Sixty-Six Thousand One Hundred Thirty-Nine and 60/100 ($66139.60) Dollars, is released this 22nd day of May, 2007.

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 22 day of May, 2007.

_____
Notary Public
A Resident of Lake County

My Commission Expires:

October 10, 2013

Official Seal
SHERRY C. FOUST
Resident of Lake County, IN
My commission expires
October 10, 2013

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

$12- CK# 13999

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