

2007 044537

2007 MAY 18 08:50

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 - Outpatient Campus, 600 Grant Street, Gary, Indiana 46402, against DEONDRICK T. MILLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of June, 2005, and recorded on the 26th day of July, 2005 (as instrument number 2005-061912), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DEONDRICK T. MILLER, in the amount of One Thousand Four Hundred One (\$1401.00) Dollars, is released this 18th 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
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.

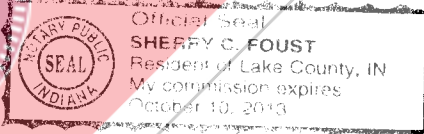
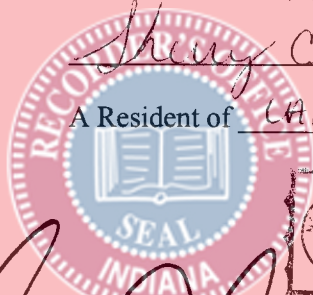
Yolanda Jaime
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 18 day of May, 2007.

Sherry C. Foust
Notary Public
A Resident of Lake County

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

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

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Ch#139999

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