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 - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>CARLOTTA WILLIAMS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>18th</u> day of <u>January</u>, 2007, and recorded on the <u>21st</u> day of <u>February</u>, 2007 (as instrument number <u>2007-014946</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>CARLOTTA WILLIAMS</u>, in the amount of <u>Six Hundred Fifty Two and 00/100</u> (\$652.00) Dollars, is released this <u>Order</u>, 2007.

(\$652.00) Dollars, is released this and day of \_\_\_\_\_\_ 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 the Lake County Recorder 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 22 day of Notary Public A Resident of All SHERRY C. FOUST Resident of Lake County, IN My compression expires My Commission Expires: (SEAL October 10, 8013 I affirm, under the penalties for perjury that I have taken reasonable care to redact each social security number in this document, unless required l This instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410