2007 052165

STATE OF INDIANA

2007 JUN 27 AM 9: 03

MICHAEL A. BROWN

RETURN TO: HODGES & DAVIS, P.C. ORDER

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against CLAUDIA TREVINO, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of May, 2005, and recorded on the 1st day of June, 2005 (as instrument number 2005-044684), in the Office of the Recorder of Lake County, Indiana, for the reasonable , 2007.

and necessary charges for hospital care, treatment and maintenance of CLAUDIA TREVINO, in the amount of One Thousand Nine Hundred Eighty One and 18/100 (\$1981.18) Dollars, is released this 20th day of \_\_\_\_\_ 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: olanda 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. Subscribed and sworn to before me, a Notary Public, this 2 Notary Public A Resident of AMO County Official Seal My Commission Expires: LISA STONE (SEAL Resident of Lake County, IN My commission expires March 24, 2011 March 24, 2011 **EDIAND** I affirm, under the penalties for perjury taken/reasonable care to redact each social security number in this document This instrument Prepared By: Clyde D. Compton, Attorney at Law 8/100 Broadway, Merrillville, IN 46410