2007 055099

2017 JUL - 9 April 24

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 -South; ake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>ADAM PAUL GIBSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>19th</u> day of <u>October, 2006</u>, and recorded on the <u>9th</u> day of <u>November, 2006</u> (as instrument number <u>2006-099123</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>ADAM PAUL GIBSON</u>, in the amount of <u>One Thousand Nine Hundred Thirty Seven and 00/100</u> (\$1937.00) Dollars, is released this <u>D5th</u> day of <u>June</u>, 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.
This Documbrit Quele County
the Lake Courty Recorder!
STATE OF INDIANA)) SS:
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 25 day of Ame, 2007.
Awa Stere
A Resident of Autle County
My Commission Expires: My Commission Expires: Manch 24, 2011 Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011
I affirm, under the penalties for perjuty, that I have taken reasonable care to redact each social security number in this document, unless required by law. This instrument Prepared By:
This instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410