2007 091420



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 KENNETH R. BERRY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of July, 2007, and recorded on the 16th day of August, 2007 (as instrument number 2007-066833), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KENNETH R. BERRY, in the amount of Eight Thousand Five Hundred Nineteen and 00/100 (\$8519.00) Dollars, is released this Thousand Five Hundred Nineteen and 00/100 (\$8519.00)

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 HOSRITALS, INC. STATE OF INDIANA 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 The day of November 2007.

> Notary Public A Resident of *Marie* County

My Commission Expires:

March 24, 2011

LISA STONE Resident of Lake County, IN My commission expires March, 2011 (SEAL)

I affirm, under the penalties for perior, that I have taken reasonable care to redact each social Chity Was security number in this document unless required by la

This instrument Prepared By:

ompton, Attorney at Law 8700 Broadway, Merrillville, IN 46410