

2007 096182

2007 DEC -7 AM 11:00

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 WENDY S. CAST, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of February, 2006, and recorded on the 9th day of March, 2006 (as instrument number 2006-019771), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WENDY S. CAST, in the amount of Six Hundred Seventy One and 00/100 (\$671.00) Dollars, is released this 19th day of November, 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

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.


Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 19th day of November, 2007.


Notary Public

My Commission Expires:

March 24, 2011

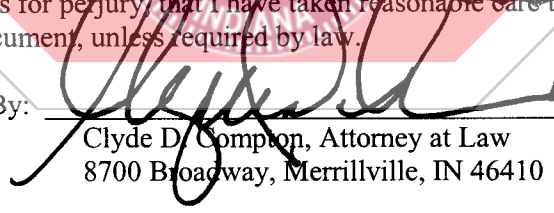
A Resident of Polk County



Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

I affirm, under the penalties for perjury, that I have taken reasonable care to read each social security number in this document, unless required by law.

This instrument Prepared By:


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

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