2007 100094



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 TACARRA MAY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of November, 2007, and recorded on the 20th day of November, 2007 (as instrument number 2007-092130), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TACARRA MAY, in the amount of Nine Hundred Ninety Six and 00/100 (\$996.00) Dollars, is released this 10th day of 1200 Cambo Camb

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.

Hospitais, nic. specificanty reserves an rights it may have to contact the data.
This Document Yolanda Jaimer Operty of
STATE OF INDIANAL Lake County Recorder!) SS:
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
Subscribed and sworn to before me, a Notary Public, this of day of December, 2007.
Subscribed and sworn to before me, a Notary Public, this 10 day of 120 (111) day of 120 (111) day of 120 (111)
Notary Public A Resident of Face County
My Commission Expires:
MCCCO 24,2011 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 redact each social
security number in this document, inless tequired by law.
This instrument Prepared By:
Clyde D. Comaton, Attorney at Law
8700 Broadway, Merrillville, IN 46410