2008 022580



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 <u>DAVID LOHMAN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>27th</u> day of <u>November, 2007</u>, and recorded on the <u>12th</u> day of <u>December, 2007</u> (as instrument number <u>2007-097344</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>DAVID LOHMAN</u>, in the amount of <u>Nine Hundred Seventy Eight and 00/100</u> (\$978.00) Dollars, is released this <u>19th</u> day of <u>Nagara</u>, 2008.

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.

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
This Document Yolanda Jaime roperty of
STATE OF INDIANAThe 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
Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 2th day of Maci, 2008.
Laxo Stone
Notary Public
My Commission Expires: A Resident of County
Munch 34 3011 Conficial Speat LISA STONE Resident of Eake Counts, the My commission expires March 21 301.
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social
security number in this document, unless required by law.
This instrument Prepared By:
Clyde D. Compton, Aftorney at Law
8700 Broadway, Merrillville, IN 46410