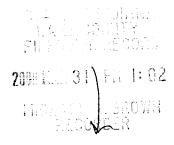
2008 022590



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>CAROLETTA TAYLOR</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>July, 2007</u>, and recorded on the <u>6th</u> day of <u>August, 2007</u> (as instrument number <u>2007-063661</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>CAROLETTA TAYLOR</u>, in the amount of <u>Two Thousand Five Hundred Eighty Three and 00/100</u> (\$2583.00) Dollars, is released this <u>18</u> day of <u>Naacl</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.

Tiospitais, tite. specifically results to the title title to
This Document Yolanda Jaimeroperty of
STATE OF INDIANABLE 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
and correct.
John dem
Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 18th day of Much , 2008.
Swastere 11
Notary Public
A Resident of Active County
My Commission Expires: Official Seal
LISA STONE
YIII(ACV) XY/XVIII My commission expires
March 201
I affirm, under the penalties for perjury that I have taken reasonable care to redact each social
This instrument Prepared By:
This instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410
6700 Diradway, Melinivine, III 10110