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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>JAMES HOWARD</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>11th</u> day of <u>March, 2008</u>, and recorded on the <u>3rd</u> day of <u>April, 2008</u> (as instrument number <u>2008-023793</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>JAMES HOWARD</u>, in the amount of One Thousand Twenty Six and <u>00/100</u> (\$1026.00) Dollars, is released this <u>4 holds</u> day of <u>3008</u>.

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. 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 477 day of \_\_\_\_\_\_\_, 2008. Notary Public A Resident of TUNE County My Commission Expires: Official Seal LISA STONE
Resident of Lake County, IN Marchal 2011 (SEAL My commission expires March 24, 2011 I affirm, under the penalties for perjary I have tal en reasonable care to redact each social security number in this document unless required by law 12-1352 12-135 This instrument Prepared By: Compton, Attorney at Law 87**(**0 B**1**/badway, Merrillville, IN 46410

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