2008 066512

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 SEP 24 AM 9: 33

RETURNALE A BROWN RETURNALE OHOPGES & 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 F. PERRY</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>18th</u> day of <u>August</u>, 2005, and recorded on the <u>16th</u> day of <u>September</u>, 2005 (as instrument number 2005-081148), 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 F. PERRY</u>, in the amount of <u>One Thousand One Hundred Six</u> (\$1106.00) Dollars, is released this

PERRY, in the amount of One Thousand One Hundred Six (\$1106.00) Dollars, is released this Dard day of September, 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.

THE METHODIST HOSPITALS, INC.

BY Votanda Jaime

STATE OF INDIANA)

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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and sworn to before me, a Notary Public, this 2011 day of Subscribed and S

Notary Public A Resident of Acene County

My Commission Expires:

March 24, 2011

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

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

This instrument Prepared By:

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

B

CHSOLL.