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2480 SEP 25 PH 2: 36 WEL A. BROWN

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 LINDA L. PETERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of May, 2008, and recorded on the 13th day of June, 2008 (as instrument number 2008-043459), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LINDA L.

PETERSON, in the amount of Three Thousand One Hundred Ninty Two (\$3192.00) Dollars, is released this 24 day of 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. HE METHODIST HOSPITALS, INC. Yolanda Jaime 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. Subscribed and sworn to before me, a Notary Rublic this au day of Suprember 2008. Notary Public A Resident of ____ My Commission Expires: Official Seal March 24, 2011 LISA STONE Resident of Lake County, IN My commission expires
My or 2011 y, that I have taken reasonable care to reduct each social I affirm, under the penalties for perju security number in this document, unla This instrument Prepared By: Clyle D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410