Government of the District of Columbia
Office of Tax and Revenue
Recorder of Deeds
1101 4th Street, SW
Washington, DC 20024
Phone (202)727-5374

RELEASE OF LIEN — HOSPITAL

On this _____ day of _____ Notice is given that _____
(name of hospital)

Located at _____ (address of hospital) under

certain Notice of Hospital Lien recorded in the Recorder of Deeds Division on the

_____ day of _____ as Instrument Number _____ against

_____ _____ _____ in the amount of
First Name of Injured Party M. I. Last Name

$_____, does hereby grant and release _____ _____ _____
First Name of Injured Party M. I. Last Name

(name of injured party) from said lien.

I hereby certify that on the _____ day of _____, a copy of this Release was sent by return receipt requested to the person(s), firm(s) or corporation(s) alleged to be liable to the injured party stating the date of filing and also to the insurance company which has injured such person, firm, or corporation against such liability, where the name of the insurance carrier has been ascertained. I further certify that I am authorized to sign on behalf of _____ (name of hospital).

I hereby affirm under penalty of law that the above statements and representations are correct and true to the best of my information, knowledge and belief.

Signature

Subscribed and sworn to before me this _____ day of _____ .

Notary Public Signature

My Commission Expires: _____
mm/dd/yyyy

[Notary Seal]