RETURN TO:

HODGES, DAVIS, GRUENBERG, COMPTON & SAYERS, P.C.

Attorneys at Law 5525 Broadway

Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

| This is to certify that a certain hospital lien by THE METHODIST |
|--|
| HOSPITAL OF GARY, INC., Northlake Campus, 600 Grant Street, Gary Indiana |
| 40402, XHXXXXXXHHHARXXXXXXXXXXXXXXXXXXXXXXXXXX |
| HIBDDPODPIOLA OCCUPACEL OCCUPACE Proper Conserve |
| sented by the Sworn Statement and Notice of Intention To Hold Hospital Lion |
| which was executed on the 23rd day of December , 1987 , and |
| recorded on the 4th day of January , 1988 , (as instrument |
| number 957810), in the Office of the Recorder of Lake |
| County, Indiana, for the reasonable and necessary charges for hospital care, |
| treatment and maintenance of Erma Green , in the |
| amount of Two Thousand Six Hundred Twenty-three and 07/100 |
| (\$ 2,623.07) Dollars, is released this 9Th day of Serrowack, |
| 19 . Please take note that this is a release of lien and not a release of debt |
| in the event of non-or partial payment; and The Methodist Hospital of Gary, Inc. |
| reserves all rights to collect any and all further sums due and owing on its |
| underlying claim for services rendered to the patient. |
| underlying claim for services rendered to the patient. |
| |
| |
| THE METHODIST HOSPITAL OF GARY, INC. |
| in the second of |
| BY: Daylor Dime |
| BY: A CANCEST AND THE |
| YOLANDA JAIME |
| |
| STATE OF INDIANA) |
|)SS: |
| COUNTY OF LAKE) |
| |
| Yolanda Jaime , being the Supervisor |
| for the above named Campus of The Methodist Hospital of Gary, Inc., being duly |
| sworn upon his/her oath, says that the facts stated in the foregoing are true and |
| correct. |
| (A, A, A |
| Mal And the Climb |
| YOLANDA JAIME Subscribed and sworn to before me, a Notary Public, this 9 day of systems. 19 88. |
| TOTANDA JAIME |
| Subscribed and sworn to before med a Notary Public, this 9 day of |
| Systember, 1988. |
| |
| maryDroke |
| Mary Drocke, Notary Public A Resident of Lake County |
| A Devident of |
| A RESIDENT OF A COUNTY |
| A Resident of Aute County |
| |
| My Commission Expires: |
| |