STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MORPHRAW TO RICHODGES & DAVIS, P.C. RECORDER 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., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Leon Harris, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of June, 1997, and recorded on the 2nd day of July, 1997, (as instrument number 97042912), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Leon Harris, in the amount of Two Hundred Eighty-Four and 00/100 (\$284.00) Dollars, is released this 28th day of December, 1999.

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.

This Do By: County of YOUANDA JAIME

STATE OF INDIANA

) SS:

COUNTY OF LAKE

You and Jaime being a Service Unit Manager for The Methodist Hospitals, Inc., being duly sworn upon his oath, says that the facts stated in the foregoing and true and correct.

YOUANDA JAIME

Subscribed and sworn to before me, a Notary Public, this 38 day of 1999.

A Resident of County

My Commission Expires:

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 224:2

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