STATE OF INDIANA FILED FOR RECORD

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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., Outpatient - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against CHRISTINA C. JONES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of August, 2003, and recorded on the 15th day of September, 2003 (as instrument number 2003-099011), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CHRISTINA C. JONES, in the amount of Seven Hundred Twenty Three and 33/100 (\$723.33) Dollars, is released this / Office hospital charges has not been

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 Lake County PTHE METHODIST HOSPITALS, INC.

Yolanda Jaime

STATE OF INDIANA

COUNTY OF LAKE

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

A Resident of

(SEAL)

Subscribed and sworn to before me, a Notary Public, this 10th day of une, 2004.

My Commission Expires:

March 24,2011

Resident of Lake County, IN My commission expires March 24, 2011 (O)AND This instrument Prepared By: Clyde D. Compton, Attorney at 8700 Broadway, Merrillville, IN 46410

CK 1587

Notary Public

County

Kake

Official Seal

SHERI LOPEZ

5555-126079