2006 071018

STATE OF INDIAN LAKE COUNTY FILED FOR REGORD 2006 AUG 15 AM II: 07

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 Jovo Blesich Guarantor For NINA BLESICH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of July, 2006, and recorded on the 1st day of August, 2006 (as instrument number 2006-066360), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of NINA BLESICH, in the amount of Two Thousand Six Hundred Thirty Six and 00/100 (\$2636.00) Dollars, is released this \$\frac{8+h}{2}\$ day of Qugust.

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.

BY: Volume 1

STATE OF INDIANA

) 8:

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Southlake 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 Public, this & th day of august, 2006.

Yolanda Jaime

A Resident of Sall County

Notary Public

Official Seat

Resident of Lake County, IN My commission expires

LISA STONE

My Commission Expires:

I affirm, under the penalties for perjury, that I have taken reasonable care security number in this document, unless required by law.

This instrument Prepared By:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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