

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 027780

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MICHAEL A. BROWN

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 RHONDA ANDERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of September, 2005, and recorded on the 18th day of October, 2005 (as instrument number 2005-091707), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RHONDA ANDERSON, in the amount of One Thousand Two Hundred Thirty Seven and 00/100 (\$1237.00) Dollars, is released this 14th day of March, 2007.

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: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 14 day of March, 2007.

[Signature]
Notary Public
A Resident of Lake County

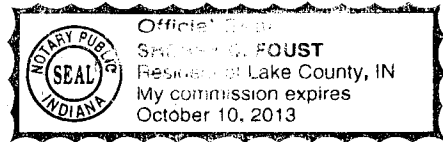
My Commission Expires:
October 10, 2013

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

This instrument Prepared By: [Signature]
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

112-
ck#13877

[Handwritten initials]



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