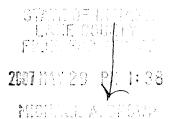
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RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>DENISE WALKER</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>21st</u> day of <u>February</u>, 2007, and recorded on the <u>16th</u> day of <u>March</u>, 2007 (as instrument number <u>2007-022699</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DENISE</u> <u>WALKER</u>, in the amount of <u>One Thousand Two Hundred Seventy-Seven and 00/100</u> (\$1277.00) Dollars, is released this luth day of <u>Nouy</u>, 2007.

Dollars, is released this 16th day of May 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 Kecorder STATE OF INDIANA) SS: COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of My Commission Expires: Official Seal LISA STONE 201 Resident of Lake County, IN (SEAL My commission expires March 24, 2011 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

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

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