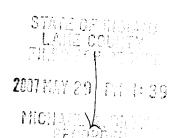
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RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Southlake - Outpatient Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>TALESHA SANDIDGE</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>11th</u> day of <u>May, 2005</u>, and recorded on the <u>2nd</u> day of <u>June, 2005</u> (as instrument number <u>2005-045211</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>TALESHA SANDIDGE</u>, in the amount of <u>One Thousand Five Hundred Sixty Six</u> (\$1566.00) Dollars, is released this <u>Ile+h</u> day of <u>Under Under Unde</u>

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.

This Document Yoland Jaimerropert STATE OF INDIANALLE Lake County Recorder! 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 Notary Public A Resident of ______ County My Commission Expires: Official Seal Maach 242011 LISA STONE Resident of Lake County, IN My commission expires (SEAL) I affirm, under the penalties for perjury that I have taken reasonable care to retlatt each social security number in this document, whiless required by law This instrument Prepared By:

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

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