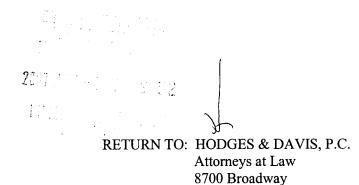
2007 044551



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 <u>JOHN A. STREET JR.</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>April, 2006</u>, and recorded on the <u>25th</u> day of <u>April, 2006</u> (as instrument number <u>2006-034603</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>JOHN A. STREET JR.</u>, in the amount of <u>Five Thousand Six Hundred Twenty and 04/100</u> (\$5620.04) Dollars, is released this 15th day of <u>700ct</u>, 2007.

Dollars, is released this 15th day of ______ 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. STATE OF INDIANA 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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 15 Notary Public Official Seal A Resident of TERU County LISA STONE My Commission Expires: Resident of Lake County, IN (SEAL My commission expires March 24, 2011 MIANCE BY BOIL I affirm, under the penalties for perfury, that I have taken reasonable care to redact each social security number in this document #12 #1399U This instrument Prepared By: D. Compton, Attorney at Law

100 Broadway, Merrillville, IN 46410