2007 018500

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

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RELEASE OF HOSPITAL LIEN

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:
Yolanda Jaime

STATE OF INDIANA

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

Notary Public A Resident of Sala County

My Commission Expires:

March 24, 2011

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
Aarch 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 Jaw.

This instrument Prepared By:

Clyde I Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 1700 U