STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 052169

2007 JUN 27 AM 9: 04 MICHAEL A. BROWN RECORDER

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 Campus, 8701 Broadway, Merrillville, Indiana 46410, against DANIEL ORTIZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of March, 2007, and recorded on the 28th day of March, 2007 (as instrument number 2007-025730), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DANIEL ORTIZ, in the amount of One Thousand Seven Hundred Ninety-Two and 00/100 (\$1792.00) Dollars, is released this Donday of June

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. METHODIST HOSPITALS, INC. olanda 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. Subscribed and sworn to before me, a Notary Public, this 200 day of ___ Notary Public A Resident of Sahe Count Official Seal My Commission Expires: LISA STONE Resident of Lake County, IN (SEAL Manch 24, 2011 My commission expires March 24, 2011 I affirm, under the penalties for perju easonable care to redact each social y, that I have

security number in this documer

This instrument Prepared By:

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