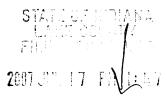
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RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

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. This Document Yolanda Jaime ro STATE OF INDIANA he Lake County) 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. olanda Vaime Subscribed and sworn to before me, a Notary Public, this /d day of Notary Public A Resident of County My Commission Expires: M. PEREZ Lake County, IN sion expires iable care to redact each social I affirm, under the penalties for perjury security number in this document unless required by This instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410