STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 100093

2007 DEC 21 PM 2: 48
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., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against DOROTHY ROBINSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of August, 2006, and recorded on the 30th day of August, 2006 (as instrument number 2006-076349), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DOROTHY ROBINSON, in the amount of Six Thousand Two Hundred Sixty Six and 00/100 (\$6266.00) Dollars, is released this 10th day of DECEM 08B., 2007.

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.

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This Document Yolanda Jaimer O Prty of
STATE OF INDIANA Lake County Recorder! ) SS:
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  Subscribed and sworn to before me, a Notary Public, this lotted day of December 2007.
Notary Public  A Resident of County
My Commission Expires:
Ma10/1 24, 2011  Official Seal LISA STONE Resident of Lake County, IN My commission expires Mayor 26, 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 law.
This instrument Prepared By:
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410