STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 100096

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>AYANNA JEFFRIES</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>19th</u> day of <u>June</u>, <u>2007</u>, and recorded on the <u>16th</u> day of <u>July</u>, <u>2007</u> (as instrument number <u>2007-057723</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>AYANNA JEFFRIES</u>, in the amount of <u>One Thousand Two Hundred Two and 00/100</u> (\$1202.00) Dollars, is released this

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.

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. This Document Yourta James ope STATE OF INDIANA Lake County) SS: 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. Subscribed and sworn to before me, a Notary Public, this Kill day of December, 2007. Notary Public A Resident of County My Commission Expires: Official Seal Resident of Lake County, IN My commission expires 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. POLITE HANDELL This instrument Prepared By: Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410