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STATE OF INDIANA LAKE COUNTY FILED FOR REPORD

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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/Southlake Campus, 600 Grant Street, Gary, Indiana 46402, against LINDA OWENS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of September, 2006, and recorded on the 1st day of November, 2006 (as instrument number 2006-095705), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LINDA OWENS, in the amount of Five Thousand Five and 00/100 (\$5005.00) Dollars, is released this 25 day of February, 2008.

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 Yoland Jaime ro STATE OF INDIANA he Lake Coun 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 25 day of February, Notary Public A Resident of WWO County My Commission Expires: Official Seal LISA STONE march 24 Resident of Lake County, IN My commission expires March 24, 2011 I affirm, under the penalties for perjury that I have taken reasonable care to redact each social #12 the wheel? security number in this document, unless required by lay This instrument Prepared By: