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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2898 MAR 12 AM 10: 28 MICHAIL A. BROWN REGROER

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 MICHAEL L. MOSLEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of August, 2007, and recorded on the 9th day of October, 2007 (as instrument number 2007-080366), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MICHAEL L. MOSLEY, in the amount of Four Thousand Two Hundred Ninety Six and 00/100 (\$4296.00) Dollars, is released this 25th 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. THE METHODIST HOSPITALS, INC. This Document Yolanda Jaimeropert STATE OF INDIANA he Lake County Recorder! 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 day of <u>February</u>, 2008. Notary Public A Resident of June County My Commission Expires: Official Seal March 34, 2011 LISA STONE 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 This instrument Prepared By: Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410