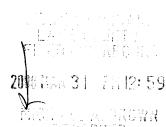
2008 022583



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>DANIEL MACPHERSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>3rd</u> day of <u>December, 2007</u>, and recorded on the <u>21st</u> day of <u>December, 2007</u> (as instrument number <u>2007-099945</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>DANIEL MACPHERSON</u>, in the amount of <u>One Thousand Eight Hundred Eighteen and 00/100</u> (\$1818.00) Dollars, is released this <u>12th</u> day of <u>Magaa</u>, 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.

Hospitals, life. specifically reserves all rights it may have to concert the suitable due.
This Document Yolanda Jaime roperty of
STATE OF INDIANATHE Lake County Recorder!) 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
Subscribed and sworn to before me, a Notary Public, this 12 day of Mucli, 2008.
Lija Stone
Notary Public
My Commission Expires: A Resident of My County Official Seal
Maich 24, 2011 LISA STONE Resident of Lake Goung, IN My commussion expires star
I affirm, under the penalties for perjury that I have taken reasonable care to redact each social
This instrument Prepared By:
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410