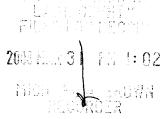
2008 022584



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 GREGORY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of July, 2007, and recorded on the 6th day of August, 2007 (as instrument number 2007-063651), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MICHAEL GREGORY, in the amount of Six Hundred Twenty One and 00/100 (\$621.00) Dollars, is released this Office of Lake County, Indiana, for the 2001-000 County of Six Hundred Twenty One and 00/100 (\$621.00) Dollars, is

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. STATE OF INDIANA he 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 and correct. Subscribed and sworn to before me, a Notary Public, this 201 Notary Public A Resident of Hilly County My Commission Expires: Official Seal 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 required by lay. This instrument Prepared By: Clyde D. Compton, Attorney at Law Broadway, Merrillville, IN 46410