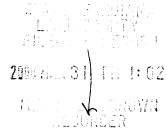
2008 022586



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 NEAL J. ABNER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of December, 2007, and recorded on the 21st day of December, 2007 (as instrument number 2007-099946), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of NEAL J. ABNER, in the amount of Twenty Six Thousand Five Hundred Eighty Seven and 20/100 (\$26587.20) Dollars, is released this 18th day of 1900 (\$26587.20).

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.

Hospitais, inc. specificanty reserves an rights it may have to contect the barance due.
This Document Yolanda Jaime roverty of
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.  Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 18th day of March, 2008.
A Resident of Him County
My Commission Expires:
March 24, 2011  Othicial Seal Lisa STONE 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
This instrument Prepared By:
Clyce I). Compton, Attorney at Law
8700 Proadway, Merrillville, IN 46410