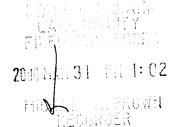
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RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

## 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>DAMON K. EVANS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>15th</u> day of <u>January, 2008</u>, and recorded on the <u>13th</u> day of <u>February, 2008</u> (as instrument number <u>2008-010728</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>DAMON K. EVANS</u>, in the amount of <u>Six Hundred Ninety One and 00/100</u> (\$691.00) Dollars, is released this 18th day of <u>Magazia</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.

This Document Yolan Jaime Pop 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 18 Notary Public A Resident of ACCO 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 This instrument Prepared By: Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410