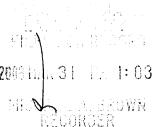
2008 022500



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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against SANDRA SMITH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of December, 2000, and recorded on the 10th day of January, 2001 (as instrument number 2001-002413), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SANDRA SMITH, in the amount of Seven Hundred Forty Eight and 00/100 (\$748.00) Dollars, is released this 18th day of March , 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 Docum BY: t is the Jaime of |
| the Lake County Recorder! |
| STATE OF INDIANA)) SS: |
| COUNTY OF LAKE) |
| Yolanda Jaime, being the Service Unit Manager for the Southlake 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 James |
| Subscribed and sworn to before me, a Notary Public, this 18th day of 1 Much , 2008. |
| Luia Store |
| A Resident of Fulle County Notary Public |
| My Commission Expires: |
| March 34, 3011 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 law |
| This instrument Prepared by: |
| Clyde I). Compton, Attorney at Law |
| 87 00 Froadway, Merrillville, IN 46410 |