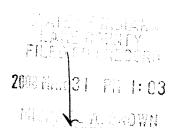
2008 022602



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 MEG MCBRAYER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of January, 2008, and recorded on the 14th day of February, 2008 (as instrument number 2008-011099), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MEG MCBRAYER, in the amount of Two Thousand Two Hundred Nineteen and 00/100 (\$2219.00) Dollars, is released this the day of NOAR Characteristics, 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, inc. specifically reserves all rights it may have to contect the balance due.
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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 ITT day of Malci, 2008.
Notary Public A Resident of Hale County
My Commission Expires:
March 24, 2011 Official 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
security number in this document, upless required by law.
Security number in this document uplest required by law. This instrument Prepared By:
Clyde D. Compton, Attorney at Law
8/00 Broadway, Merrillville, IN 46410