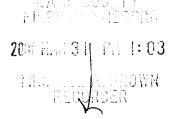
2008 022603



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>SAMMIE EMORY</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>July, 2007</u>, and recorded on the <u>31st</u> day of <u>July, 2007</u> (as instrument number <u>2007-062132</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>SAMMIE EMORY</u>, in the amount of <u>Thirteen Thousand Four Hundred Thirty Seven and 00/100</u> (\$13437.00) Dollars, is released this <u>1944</u> day of <u>YORRCL</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 Yolanda Jaime of Crty of
STATE OF INDIANA The 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
Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 12 day of Macco, 2008.
Notary Public A Resident of State County
My Commission Expires:
March 24, 2011 Official Seal Lisa state Se And Grande The 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 unless required by law.
This instrument Prepared By:
Clyde I). Compton, Attorney at Law
8/00 Froadway, Merrillville, IN 46410