STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 044946

2006 JUN 19 PM 1: 29

MICHAEL A. BROWN RECORDER

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, 600 Grant Street, Gary, Indiana 46402, against LATESHIA ADAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of December, 2007, and recorded on the 12th day of December, 2007 (as instrument number 2007-097338), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LATESHIA ADAMS, in the amount of One Thousand One Hundred Seventy One (\$1171.00) Dollars, is released this Lett day of ________, 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. danda Jaime STATE OF INDIANA COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her path, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Rublio, this 16th day of

Kum Stone Notary Public A Resident of Mille County

My Commission Expires:

march 24, 3011

LISA STONE
Resident of Lake County, IN
My commission expires (SEAL

I affirm, under the penalties for perju ry, that I have tak n reasonable care to redact each social security number in this document, w il ss required by law.

This instrument Prepared By:

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Clyde D. Compton, Attorney at Law 87**4**0 Broadway, Merrillville, IN 46410

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