

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 058891

2008 AUG 19 AM 9:46

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against LEDON JAMES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of June, 2008, and recorded on the 21st day of July, 2008 (as instrument number 2008-052325), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LEDON JAMES, in the amount of Eight Hundred Sixteen (\$816.00) Dollars, is released this 13th day of August, 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.

BY: [Signature]

Yolanda Jaime

STATE OF INDIANA)

) 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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 13th day of August, 2008.

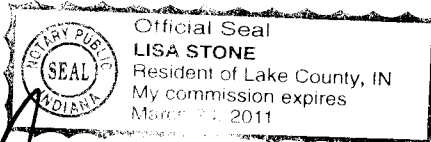
[Signature]

Notary Public

A Resident of Laure County

My Commission Expires:

March 31, 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: [Signature]

Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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