STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 064014

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MICHAEL A. BROWN

RERETURN 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>JAMES KETEN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>17th</u> day of <u>March, 2008</u>, and recorded on the <u>3rd</u> day of <u>April, 2008</u> (as instrument number <u>2008-023788</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>JAMES KETEN</u>, in the amount of <u>Five Hundred Thirty Three and 00/100</u> (\$533.00) Dollars, is released this <u>May of Soptember</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.

THE METHODIST HOSPITALS, INC.

BY:

Yalanda 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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 2" day of 1

f *September*2008.

Official Seal

Notary Public A Resident of Jane County

My Commission Expires:

march 24, 2011

Resident of Lake County, IN My commission expires March 24, 2011

asonable care to redact each social

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

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