STATE OF INDIANA FILED FOR REGORD

2008 064022

2008 SEP 11 AM 11: 05 MICHAEL 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 PAYTON MCHENRY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of December, 2007, and recorded on the 21st day of December, 2007 the reasonable and necessary charges for hospital care, treatment and maintenance of PAYTON MCHENRY, in the amount of One Thousand Five Hundred Seventy (\$1570.00) Dollars, is released this and day of Scotember, 2008.

(as instrument number 2007-099935), in the Office of the Recorder of Lake County, Indiana, for 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 HOSRITALS, INC. 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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of MUM County My Commission Expires: Official Seal March 24, 2011 LISA STONE Resident of Lake County, IN My commission expires March 114, 2011 aken reasonable care to redact each social I affirm, under the penalties for perjury security number in this document, un This instrument Prepared By: 12-13 Compton, Attorney at Law 8700 Bybadway, Merrillville, IN 46410