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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL RETURNITO: HODGES & DAVIS, P.C.

RECORDER 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 NINA EVANS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on

the 17th day of May, 2007, and recorded on the 4th day of June, 2007 (as instrument number 2007-045149), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of NINA EVANS in the amount of One Thousand Five Hundred Twenty Six (\$1526.00) Dollars, is released this May of September, 2008, OTOFFICIA 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. ÆTHODIST HOSPITALS, INC. Yalanda 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 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 <u>Mark</u> County My Commission Expires: Official Seal March 24, 2011 LISA STONE Resident of Lake County, IN My commission expires March 2011 at I halve I affirm, under the penalties for perjury taken reasonable care to redact each social security number in this document, unle required by law. This instrument Prepared By: CK14980 Compton, Attorney at Law Bybadway, Merrillville, IN 46410