STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 064024

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MICHAEL A. BROWN

RECGREATURN 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>TAWANA WILLIAMS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>19th</u> day of <u>November</u>, 2007, and recorded on the <u>28th</u> day of <u>November</u>, 2007 (as instrument number <u>2007-093752</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>TAWANA WILLIAMS</u>, in the amount of <u>Forty Thousand Eight Hundred Twenty Nine and 60/100</u> (\$40829.60) Dollars, is released this <u>Yamana Cay and September</u>, 2008.

WILLIAMS, in the amount of Forty Thousand Eight Hundred Twenty Nine and 60/100 (\$40829.60) Dollars, is released this day of Software 1, 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. ETHODIST HOSPITALS, INC. 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. Subscribed and sworn to before me, a Notary Public, this 811 Notary Public A Resident of TXXXI County My Commission Expires: Official Seal march 24, 2011 LIS'A STONE Resident of Lake County, IN My commission expires March 14, 2011 March that Phaye taken reasonable care to redact each social I affirm, under the penalties for perjury ss required by law. security number in this document CK14980 This instrument Prepared By yde D. Compton, Attorney at Law 700 Froadway, Merrillville, IN 46410