2008 064025

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2008 SEP 11 AN 11: 05

MICHARTURNITON 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 KASHAWN HAYDEN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of May, 2008, and recorded on the 22nd day of May, 2008 (as instrument number 2008-038260), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>KASHAWN HAYDEN</u>, in the amount of <u>Nine Hundred Sixty Eight</u> (\$968.00) Dollars, is released this day of Scotembre, 2008, OTOFFICIAL

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.

METHODISTHOSPITALS, INC. Yolanda 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 path, says that the facts stated in the foregoing are true and correct.

Yolanda Jahme

Subscribed and sworn to before me, a Notary Public, this day of Supermour, 2008.

Notary Public

A Resident of Fam

My Commission Expires:

Official Seal LISA STONE Resident of Lake County, IN My commission expires March (4, 2011

I affirm, under the penalties for perjury taken reasonable care to redact each social security number in this document, unless by/law.

This instrument Prepared By:

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