STATE OF 150 AVE.

LAKE COURTY
FILED FOR MECONIC

2008 065983

20% SEP 19 AN II: 08

MICHAEL A. EROWH 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 LUIS RIVERA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of August, 2008, and recorded on the 25th day of August, 2008 (as instrument number 2008-060214), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LUIS RIVERA, in the amount of Sixteen Thousand Three Hundred Four (\$16304.00) Dollars, is released this 15 day of September 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.

THE MENHODIST HOSPITALS, INC.

BY:
Yolanda Jaime

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 15 day of __eptember 2008.

Notary Public A Resident of Save County

My Commission Expires:

STATE OF INDIANA

COUNTY OF LAKE

March 24, 2011

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
Warch 24, 2011

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

PP