STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 067337

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MICHAEL A. GROWN 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>CLOUDY B. JONES</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>3rd</u> day of <u>December, 2007</u>, and recorded on the <u>12th</u> day of <u>December, 2007</u> (as instrument number <u>2007-097340</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>CLOUDY B.</u> <u>JONES</u>, in the amount of <u>Seven Hundred Thirteen and 00/100</u> (\$713.00) Dollars, is released this <u>AHP</u> day of <u>Seven Hundred Thirteen and 00/100</u> (\$713.00)

JONES, in the amount of Seven Hundred Thirteen and 00/100 (\$713.00) Dollars, is released this ay of September 1,2008. PF CIAI 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 HOSPITALS, INC. STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Southlake 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 241 day of Notary Public A Resident of / My Commission Expires: march 24, 3611 I affirm, under the penalties for perjury, e taken reasonable care to redact each social security number in this document, unless This instrument Prepared By: lvde/1 . Compton, Attorney at Law Broadway, Merrillville, IN 46410

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