STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL A. BROWN 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 Monica Santana, guarantor for JORDAN SANTANA, 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 2008-060212), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JORDAN SANTANA, in the amount of Seven Hundred Twenty Six (\$726.00) Dollars, is released this day of November , 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 METHODIST 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 4th day of William day of William 2008. Alisa Stone Notary Public A Resident of Hang County My Commission Expires: Official Seal LISA STONE
Resident of Lake County, IN March 24, 2011 My commission expires March 24, 2011 I affirm, under the penalties for perjury that I have easonable care to redact each social tak security number in this document, unless rec This instrument Prepared By: Attorney at Law ClydeD Compton. 8700 Broadway, Merrillville, IN 46410