STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 080/622

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MICHAEL A. BROWN

RETURN TO: 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>PAUL S. MOSER II</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>16th</u> day of <u>September, 2005</u>, and recorded on the <u>28th</u> day of <u>September, 2005</u> (as instrument number <u>2005-085331</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>PAUL S.</u> <u>MOSER II</u>, in the amount of <u>Three Thousand Nine Hundred Twenty Five</u> (\$3,925.00) Dollars, is released this Author day of <u>November</u>, 2008.

MOSER II, in the amount of Three Thousand Nine Hundred Twenty Five (\$3,925.00) Dollars, is released this 24 day of November 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. E METHODIST HOSPITALS, INC. Yolanda Jair 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 bath, says that the facts stated in the foregoing are true and correct. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 24 day of Northber, 2008. Notary Public A Resident of Pale County My Commission Expires: Official Seal LISA STONE Resident of Lake County, IN Mach ay 2011 (SEAL My commission expires I affirm, under the penalties for perjury, that I have taken reasonable care redact Each social security number in this document, unle This instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410