STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 \(\partial 80626 \)

2008 NOV 26 PH 2: 19

RETURN TO: HODGES & DAVIS, F.CAEL A. BROWN
Attorneys at Law 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 ROBERT E. HORTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of July, 2008, and recorded on the 21st day of July, 2008 (as instrument number 2008-052330), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROBERT E. HORTON, in the amount of One Thousand One Hundred Five (\$1,105.00) Dollars, is released this 24 day of , 2008 101 OFFICIAL November

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.

METHODIST HOSPITALS, INC. landa 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 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 Quit day of November, 2008.

Notary Public

A Resident of <u>Sulle</u>

My Commission Expires:

Official Seal LISA STONE (SEAL Resident of Lake County, IN My commission expires March 24, 2011

I affirm, under the penalties for perju that I have taken reasonable care to redact each social security number in this document, u

This instrument Prepared By:

). Compton, Attorney at Law

870 Broadway, Merrillville, IN 46410