STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 021143

2009 APR - 1 PH 3: 13

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., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against WILLIAM BARNES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of April, 2006, and recorded on the 5th day of May, 2006 (as instrument number 2006-038067), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>WILLIAM</u> <u>BARNES</u>, in the amount of <u>Six Hundred Eighteen and 00/100</u> (\$618.00) Dollars, is released this

25 day of March NC2009. OFFICI 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. THODIST HOSPITALS, INC. olanda 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 day of March Subscribed and sworn to before me, a Notary Public, this 25

Notary Public A Resident of JUM County 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 perjury mat I have taken re asonable care to redact each social security number in this document, unle uired t

This instrument Prepared By:

Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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