STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 022415

2009 APR -7 PM 3: 23

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>DANIEL SHIN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>15th</u> day of <u>December, 2008</u>, and recorded on the <u>12th</u> day of <u>January, 2009</u> (as instrument number <u>2009-001781</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>DANIEL SHIN</u>, in the amount of <u>Seven Thousand Three Hundred Twenty Seven</u> (\$7,327.00) Dollars, is released this by day of <u>1999, 2009</u>.

SHIN, in the amount of Seven Thousand Three Hundred Twenty Seven (\$7,327.00) Dollars, is
released this day of day of 2009.
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.
BY: Yolanda Jaime
STATE OF INDIANA) SS:
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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this bord day of Apall, 2009. Rotary Public
A Resident of <u>Burle</u> County
My Commission Expires: 17 1/1 1/1 20 11 Official Seal LISA STONE Resident of Lake County, IN
I affirm, under the penalties for perjury that I have taken reasonable care to reduce the security number in this document, unjers required by law.
This instrument Prepared By: Clyde D. Compton, Attorney at Law 8790 Broadway, Merrillville, IN 46410
PB