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RETURN TO: HODG

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>PATRICIA H YANGUAS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>2nd</u> day of <u>February, 2009</u>, and recorded on the <u>5th</u> day of <u>February, 2009</u> (as instrument number <u>2009-006350</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>PATRICIA H YANGUAS</u>, in the amount of <u>Four Thousand One Hundred One</u> (\$4,101.00) Dollars, is released this the day of <u>Compart 1000</u>, 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.

THE METHODIST HOSPITALS, INC the Lake Count 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 ther 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 6th day of Capal, 2009. Notary Public A Resident of File County My Commission Expires: Official Seal Resident of Lake County, IN My commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to account each social security number in this document, unless required by law. This instrument Prepared By: de D. Compton, Attorney at Law 8700/Broadway, Merrillville, IN 46410