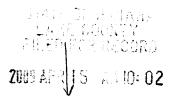
2009 024137



RETURN TO RHODGES & 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>BOBBY JOHNSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of November, 2008, and recorded on the 14th day of November, 2008 (as instrument number 2008-078028), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>BOBBY JOHNSON</u>, in the amount of <u>Two Thousand Seven Hundred Eighty</u> (\$2,780.00) Dollars, is released this 12 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.

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
This Document yolarda Jaime Operty of
STATE OF INDIANA he Lake County Recorder!) SS:
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
Subscribed and sworn to before me, a Notary Public, this 131 day of Notary Public A Resident of County
My Commission Expires:
Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by lay.
This instrument Prepared By: Clyde D Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

RM E