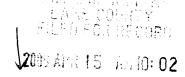
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RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>ERIC BENSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>May, 2005</u>, and recorded on the <u>16th</u> day of <u>May, 2005</u> (as instrument number <u>2005-039791</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>ERIC BENSON</u>, in the amount of <u>Five Thousand Seven Hundred Fifty Nine</u> (\$5,759.00) Dollars, is released this <u>19</u> day of <u>1999</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. STATE OF INDIANA DE I 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 and correct. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 13' day of Notary Public A Resident of Talle County My Commission Expires: LISA STONE Resident of Lake County, IN My commission expires March 24, 2011 I affirm, under the penalties for perfury at I have aken reasonable care to redact each social security number in this document, unless required by law. This instrument Prepared By: . Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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