

2009 024141

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 APR 15 AM 10:02

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 DEMITRYCE D JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of October, 2008, and recorded on the 16th day of October, 2008 (as instrument number 2008-071257), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DEMITRYCE D JOHNSON, in the amount of Five Thousand Nine Hundred Six and 30/100 (\$5,906.30) Dollars, is released this 13th day of April, 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.

BY: [Signature]
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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 13th day of April, 2009.

[Signature]
Notary Public

A Resident of Grant County

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 law.

This instrument Prepared By: [Signature]
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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