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STATE OF INDIANA FILED FOR RECORD

2009 MAY 12 AM 9: 15

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 JORDANA SMITH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of April, 2008, and recorded on the 16th day of May, 2008 (as instrument number 2008-036513), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JORDANA SMITH</u>, in the amount of <u>Three Thousand One Hundred Thirty Three</u> (\$3,133.00) Dollars, is released this day of da 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. ETHODIST HOS da Jaime STATE OF INDIANA 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. Subscribed and sworn to before me, a Notary Public, this it day of May Kung Stone Notary Public A Resident of Hille County My Commission Expires: LISA STONE March 24. 2011 Resident of Lake County. IN My commission expires March 24, 2011 (SEAL) POIAN I affirm, under the penalties for perfur al I have taken reasonable care to redact each social security number in this document This instrument Prepared By: (4544) Compton, Attorney at Law Broadway, Merrillville, IN 46410