STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 057812

2009 AUG 21 AM 9: 49

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 <u>BENNIE HARRIS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>20th</u> day of <u>October, 2008</u>, and recorded on the <u>28th</u> day of <u>October, 2008</u> (as instrument number <u>2008-073984</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>BENNIE</u> <u>HARRIS</u>, in the amount of <u>Six Hundred Fifteen</u> (\$615.00) Dollars, is released this <u>Margorian</u> day of <u>August</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.
This Document Yoland Jaime 1 perty of
STATE OF INDIANA he Lake County Recorder!) 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.
Volanda Jaime
Subscribed and sworn to before me, a Notary Public, this 18 day of Cugust, 2009.
A Resident of August County
My Commission Expires: My Commission Expires:
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:
Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410