

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 061370

2009 SEP -4 PM 1:18

RETURN TO: MICHAEL A. BROWN  
HODGSON RENAISSANCE, 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 KRISTIN SPIRU, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of January, 2008, and recorded on the 4th day of February, 2008 (as instrument number 2008-007885), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KRISTIN SPIRU, in the amount of Two Thousand Six Hundred Fifty Seven (\$2,657.00) Dollars, is released this 2nd day of September, 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 2nd day of September, 2009.

[Signature]  
Notary Public  
A Resident of Lake 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: Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

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