STATE OF INDIANA LANE COUNTY FILED FOR RECORD

2010 004466

2010 JAH 25 PH 2: 18

CAROLYN J. POLLARD ACTING 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against Barbara Henderson, guarantor for MATTHEW A. JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of August, 2004, and recorded on the 19th day of August, 2004 (as instrument number 2004-070912), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MATTHEW A. JOHNSON, in the amount of Two Thousand Two Hundred Eighteen (\$2,218.00) Dollars, is released this Day day of Day 2010.

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.

NO	THE METHODIST HOSPITALS, INC.
This Do	cumen Kolanda Jaime
STATE OF INDIANA) SS:	ake County Recorder!
COUNTY OF LAKE)	
Yolanda Jaime, being the Serv	vice Unit Manager for the Northlake Campus of The Methodist
Hospitals, Inc., being duly swor	n upon her oath, says that the facts stated in the foregoing are true
and correct.	Yolanda Jaime
Subscribed and sworn to before	re me, a Notary Public, this day of Jinum, 2010.
	Fusa Stone
	Notary Public A Resident of Fair County
My Commission Expires:	
March 24, 2011	Official Seal LISA STONE Resident of Lake Count My count issign expire.
	March 18, 2011
I affirm, under the penalties for security number in this document	perjury, that I have taken reasonable care to redact each social
security manneer in this decume	it, unloss required by lew.
This instrument Prepared By:	2 2
	Earle F. Hites, Attorney at Law (LIS97)
	8700 Broadway, Merrillville, IN 46410

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