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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>BELINDA</u>

<u>ROBINSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>7th</u> day of <u>December, 2009</u>, and recorded on the <u>28th</u> day of <u>December, 2009</u> (as instrument number 2009-085505), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>BELINDA ROBINSON</u>, in the amount of <u>Three Thousand Three Hundred Thirty</u>
Five and 06/100 (\$3,335.06) Dollars, is released this ** day of ** day of ** day of **, 2010.

maintenance of BELINDA ROBINSON, in the amount of Three Thousand Three Hundred Thirty Five and 06/100 (\$3,335.06) Dollars, is released this day of January , 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. THODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her dath, says that the facts stated in the foregoing are true and correct. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 25 day of Notary Public A Resident of Maix Official Seal My Commission Expires: LISA STONE 11 61017 24 2011 Resident of Lake Coun-I affirm, under the penalties for perjury, that I have taken reasonable care to redact each see security number in this document, unless required by law. This instrument Prepared By: CL 15979 Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 12-

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