STATE OF INDIANA AKE COUNTY FILED FOR RECORD

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MICHELLE A. FAJMAN 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 CLOVER PATTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of July, 2009, and recorded on the 17th day of July, 2009 (as instrument number 2009-049766), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CLOVER PATTON, in the amount of Twelve Thousand Five Hundred Thirty Three and 25/100 (\$12,533.25) Dollars, is

released this \5 day of \corcolongraphics \2010.ent is 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.

This Document is the property of property the Lake THE METHODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA 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 Rublic, this 15 day of March, 2010. 1 via Stone Notary Public A Resident of Kale County My Commission Expires: Official Seal 1and 24, 2011 LISA STONE Resident of Lake County, IN 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