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ATÉ OF INDIANA AKE COUNTY FILED FOR RECORD

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MICHELLE B. 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 CRYSTAL L. HUNT, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of April, 2008, and recorded on the 15th day of May, 2008 (as instrument number 2008-036003), in the Office of the Recorder of Lake County, Indiana, for the HUNT, in the amount of Five Hundred Eighty Two (\$582.00) Dollars, is released this \(\sum_{\text{day}} \) day of

reasonable and necessary charges for hospital care, treatment and maintenance of CRYSTAL L. March _, 2010. Jocument 1s 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 Lake THE METHODIST HOSPITALS, INC Yolahda 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. day of March, 2010. Subscribed and sworn to before me, a Notary Public, this 15" Xwa Stone Notary Public A Resident of fall County My Commission Expires: Official Seal March 24,2011 LISA STONE Resident of Lake County, IN SEAL My commission expires March 24, 2011 POIAN 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 CK1609)