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STATE OF INDIANA FILED FOR RECORD

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MICHELLE R

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 Pamela Smith, guarantor for TAMELA C SMITH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of October, 2009, and recorded on the 19th day of October, 2009 (as instrument number 2009-070339), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and March

maintenance of TAMELA C SMITH, in the amount of Two Thousand Three Hundred Sixty Eight and 25/100 (\$2,368.25) Dollars, is released this 15 day of 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. Yolanda STATE OF INDIANA SS: 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. Xolanda Jaime day of March, 2010. Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of Salo County My Commission Expires: Official Seal LISA STONE Resident of Lake County, IN Mances 24, 2011 (SEAL) My commission expires March 24, 2011 VOIAN 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