STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 058594

2010 OCT -8 PM 3: 22 MIC.

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 HAZEL A JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of October, 2008, and recorded on the 28th day of October, 2008 (as instrument number 2008-073983), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of HAZEL A JOHNSON, in the amount of Two Thousand Four Hundred Twenty (\$2,420.00) Dollars, is released this day of october, 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. METHÒDIST HOSPITALS, INC. landa Jaime 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. anda Jaime day of (Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of Sall County My Commission Expires: Vanels 24, 2011 Official Seal 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

AMOUNT \$ CASH -CHECK # OVERAGE COPY -NON-COM

CLERK

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