

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 077981

2010 DEC 30 PM 3:00

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 SHERICE JONES JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of September, 2010, and recorded on the 30th day of September, 2010 (as instrument number 2010-056877), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHERICE JONES JOHNSON, in the amount of Two Thousand Five Hundred Fifty Three and 25/100 (\$2553.25) Dollars, is released this 21st day of December, 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.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda 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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 21st day of December, 2010.

[Signature]
Notary Public
A Resident of Brown County

My Commission Expires:

11/10/2011



County, IN
expires

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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12 -
CASH _____ CHARGE _____
CHECK # 16763
OVERAGE _____
COPY _____
NON-COM. _____
CLERK [Signature]

196329