STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 012284          2011 MAR -3 AM 8: 50

MICHELLE B. FAJMAN
RECORDER

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 <u>DAVID OSTASZEWSKI</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>26th</u> day of <u>January, 2011</u>, and recorded on the <u>7th</u> day of <u>February, 2011</u> (as instrument number <u>2011-006923</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DAVID OSTASZEWSKI</u>, in the amount of <u>Seven Hundred One and 75/100</u>  ($701.75) Dollars, is released this 2nd day of _February_, 2011.

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: _____
Yolanda Jaime

STATE OF INDIANA )
                 ) SS:
COUNTY OF LAKE   )

Yolanda Jaime, being the <u>Service Unit Manager</u> 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.
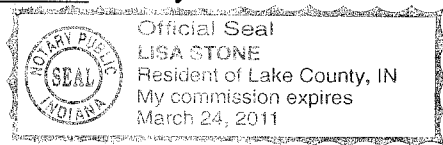
_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 2nd day of _February_, 2011.

_____
Lisa Stone
                                        Notary Public
A Resident of _Lake_ County

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 $ 12-
CASH_____ CHARGE_____
CHECK # 16886
OVERAGE_____
COPY_____
NON-COM_____
CLERK_____

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