

2011 012286

2011 MAR -3 AM 8:50

MICHELLE R. 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against EMMANUEL OGOGUA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of January, 2011, and recorded on the 7th day of February, 2011 (as instrument number 2011-006940), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of EMMANUEL OGOGUA, in the amount of One Thousand Nine Hundred Seventy One (\$1971.00) Dollars, is released this 21st 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.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder.

THE METHODIST HOSPITALS, INC.
BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

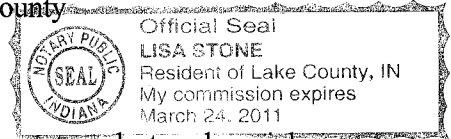
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 21st day of February, 2011.

[Signature]
Notary Public
A Resident of Shelby 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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 16886
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]