

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 025053

2011 MAY -4 PM 2: 15

MICHAEL E. FARMAN
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 AUSTIN WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of August, 2010, and recorded on the 18th day of August, 2010 (as instrument number 2010-047690), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of AUSTIN WILLIAMS, in the amount of One Thousand Two Hundred Ten (\$1,210.00) Dollars, is released this 27th day of April, 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: [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.

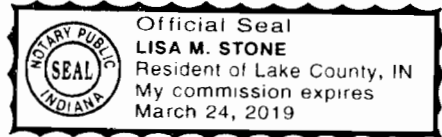
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 27th day of April, 2011.

Lisa M. Stone
Notary Public
A Resident of Lake County

My Commission Expires:

March 24, 2019



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

2222-185050

AMOUNT \$ 12-
CASH CHARGE
CHECK # 17247
OVERAGE _____
COPY _____
NON-COM _____
CLERK RA

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