STATE OF INDIANA LAKE COUNTY ILED FOR RECORD 201/MAY 18 PM 1:03

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RETURN TO: HODGES & TRAVIS P. CUMAN Attorneys at Law CURDER 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 SUSAN N STRICKLEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of November, 2010, and recorded on the 17th day of December, 2010 (as instrument number 2010-074921), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SUSAN N STRICKLEY, in the amount of Two Thousand One Hundred Fifty and 50/100 (\$2,150.50) Dollars, is released this 114 day of

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 Lake County Recorder THE METHODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA 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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 1 day of Notary Public A Resident of Make County My Commission Expires: March 24,2019 LISA M. STONE Resident of Lake County, IN (SEAL) My commission expires I affirm, under the penalties for perjury, that I have taken reasonal toredact 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 7777-188824 AMOUNT \$ CASH. CHECK #. OVERAGE. COPY_ NON-COM

CLERK.