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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MiChi FAUMAN RETURN TO: HODGES CODA VIS, 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 CINDY MUELLER-

BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of March, 2011, and recorded on the 22nd day of March, 2011 (as instrument number 2011-016971), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CINDY MUELLER-BROWN, in the amount of Nine Hundred Eighty Seven (\$987.00) Dollars, is released this 1th day of May 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 ounty Recor 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. dlanda Jaime Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of Official Seal My Commission Expires: LISA M. STONE YYIONCH 24, 2010 Resident of Lake County, IN My commission expires March 24, 2019 I affirm, under the penalties for perjury, that I have taken reasonable care to reduct 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 7777-191587

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CASH		
CHECK #	17288	
OVERAGE_		
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CLERK	110	