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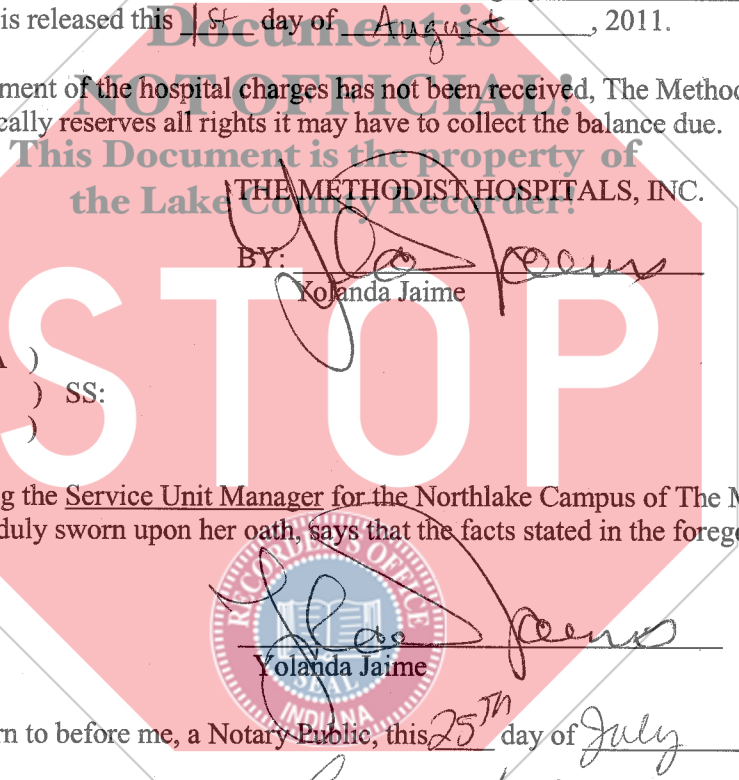
2011 AUG -3 PM 3:44

RETURN TO: MICHAEL S. FAJMAN
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 YOLANDA BAILEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of April, 2011, and recorded on the 2nd day of May, 2011 (as instrument number 2011-024562), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of YOLANDA BAILEY, in the amount of Nineteen Thousand One Hundred Eighty-Four and 25/100 (\$19,184.25) Dollars, is released this 1st day of August, 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.



BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

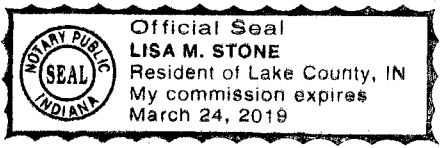
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 25th day of July, 2011.

[Signature]
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

7777-192477

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 19435
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]
E