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RETURN TO: MICHAEL J. MAN  
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 RALPH DUENAS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of March, 2009, and recorded on the 15th day of April, 2009 (as instrument number 2009-024127), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RALPH DUENAS, in the amount of Two Thousand Two Hundred Forty (\$2,240.00) Dollars, is released this 9<sup>th</sup> 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.

THE METHODIST HOSPITALS, INC.

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

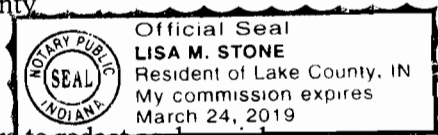
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 8<sup>th</sup> day of August, 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

7777-171312.004

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 17458  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

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