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2011 AUG 23 PM 2:55

MICHELLE P. DUNMAN
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 PHOCION J ROBINSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of June, 2011, and recorded on the 15th day of July, 2011 (as instrument number 2011-038631), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of PHOCION J ROBINSON, in the amount of Three Thousand Seven Hundred Eleven and 25/100 (\$3,711.25) Dollars, is released this 23rd day of August, 2011.

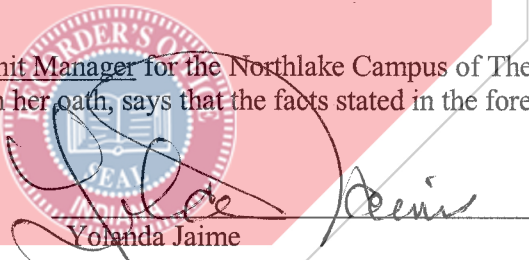
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Service Unit Manager for the 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.

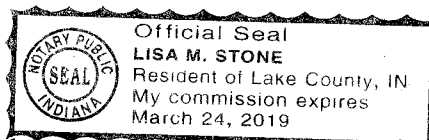


Subscribed and sworn to before me, a Notary Public, this 23rd day of August, 2011.

[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

7777-194379 AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 12479
OVERAGE _____
COPY _____
NON-COM _____
CLERK ELR

E