

FILED FOR RECORD

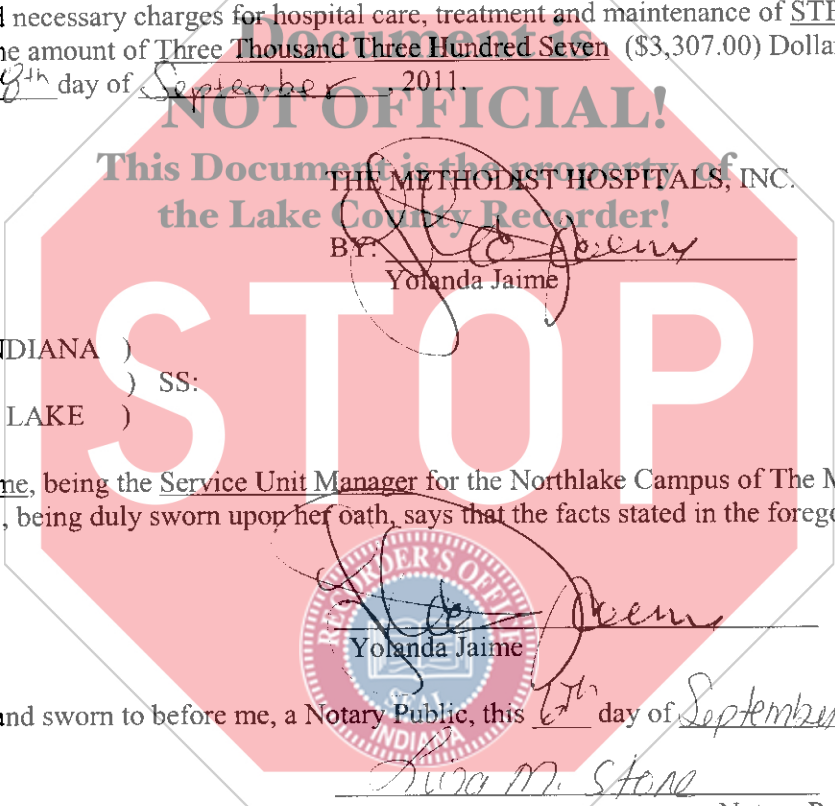
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RETURN TO: HODGES & DAVIS, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410

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 STEPFORN MILLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15th day of April, 2010, and recorded on the 29th day of April, 2010 (as instrument number 2010-024789), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of STEPFORN MILLER, in the amount of Three Thousand Three Hundred Seven (\$3,307.00) Dollars, is released this 8th day of September, 2011.



STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

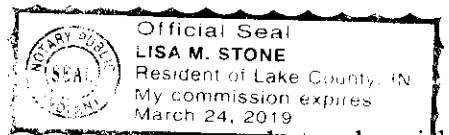
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Yolanda Jaime  
Notary Public

Subscribed and sworn to before me, a Notary Public, this 8th day of September, 2011.

Lisa M. Stone  
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: Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

7777-182327  
AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 17524  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CA  
E