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LAKE COUNTY, INDIANA
FILED BY: [unclear]

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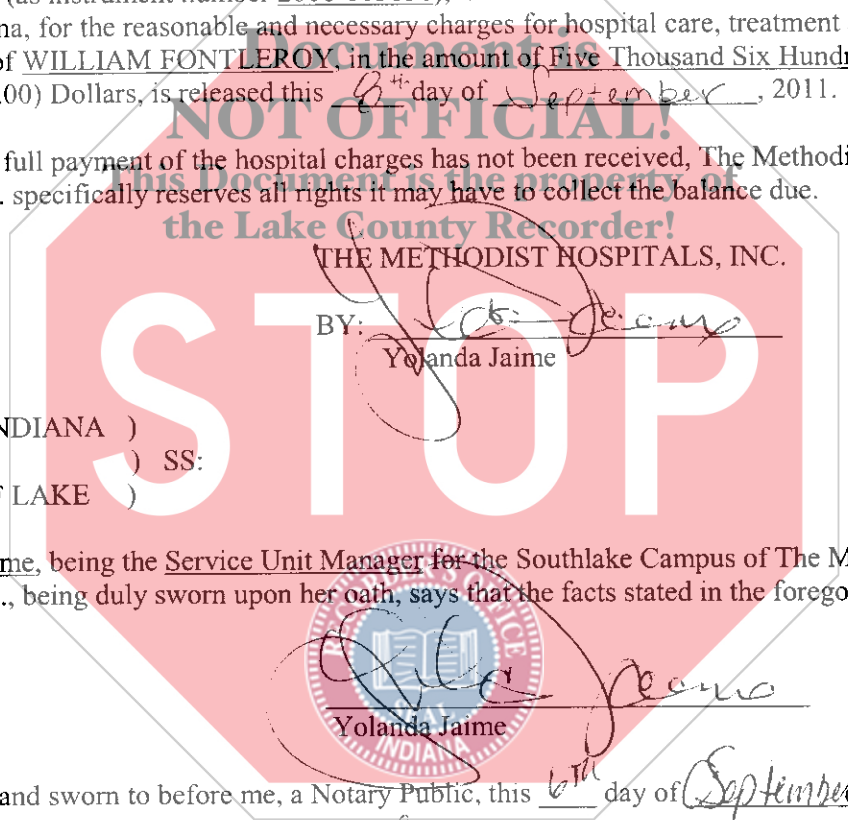
2011 SEP -9 PM 2:53

RETURN TO: HODGES & DAVIS, R.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., Outpatient - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against WILLIAM FONTLEROY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of January, 2006, and recorded on the 18th day of January, 2006 (as instrument number 2006-003830), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIAM FONTLEROY, in the amount of Five Thousand Six Hundred Seventy One (\$5,671.00) Dollars, is released this 8th day of September, 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)

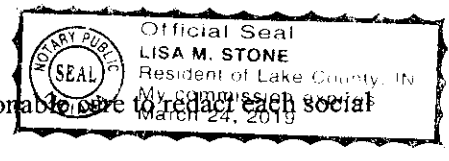
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

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

Lisa M Stone
Notary Public
A Resident of Laure County

My Commission Expires:
March 24, 2019



I affirm, under the penalties of 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

5555-142442

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 17524
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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