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2011 SEP 23 PM 12:15

MICHELLE C. FAJMAN
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 DARYL CRAWFORD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of July, 2009, and recorded on the 17th day of July, 2009 (as instrument number 2009-049767), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DARYL CRAWFORD, in the amount of Twenty Four Thousand Three Hundred Seven Three and 19/100 (\$24,373.19) Dollars, is released this 21st day of September, 2011.

This Document is the property of
the Lake County Recorder
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.

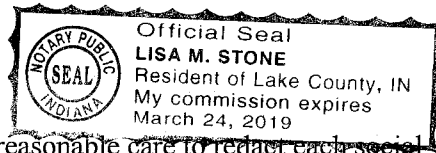
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 9th day of September, 2011.

[Signature]
Notary Public
A Resident of Lane 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

7777-176555

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 17543
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

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