

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 052762

2011 SEP 23 PM 12:15

MICHELLE R. DAWMAN  
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., Southlake Campus, 600 Grant Street, Gary, Indiana 46402, against KIMBERLY JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of January, 2009, and recorded on the 20th day of January, 2009 (as instrument number 2009-003080), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KIMBERLY JOHNSON, in the amount of Two Thousand Nine Hundred Eighty Four (\$2,984.00) Dollars, is released this 21st 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.

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.

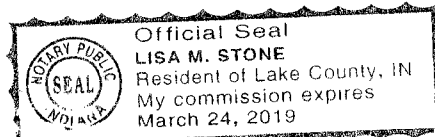
[Signature]  
Yolanda Jaime

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

Lisa M. Stone  
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

2222-172407.001

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

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