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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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against LAKESHA MCLAURIN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of June, 2011, and recorded on the 15th day of July, 2011 (as instrument number 2011-038646), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAKESHA MCLAURIN, in the amount of Two Thousand Seven Hundred and Seven (\$2,707.00) Dollars, is released this 10th day of October, 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)

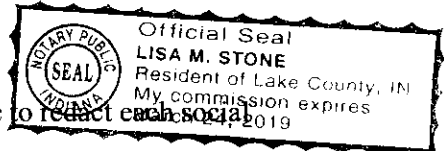
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 7th day of October, 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 reflect 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

7777-194381

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 17580
OVERAGE _____
COPY _____
NON-COM _____
CLERK E [Signature]