STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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FR. FAJMAN MICHE

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 RAYMOND ANDERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of May, 2011, and recorded on the 16th day of June, 2011 (as instrument number 2011-032939), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RAYMOND ANDERSON, in the amount of Three Thousand Seven Hundred Twenty-One (\$3,721.00) Dollars, is released this the day of December, 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 NOSPITALS, INC Solanda 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. Subscribed and sworn to before me, a Notary Public, this The day of December, 2011. Notary Public A Resident of County My Commission Expires: (SEAL Manch 24, 2019

Official Seal LISA M. STONE
Resident of Lake County, IN
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

7777-193560

AMOUNT \$ CHARGE CASH. CHECK # OVERAGE GOPY. NON-COM CLERK.