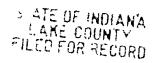
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RETURN TO: HODGES & DAVIS, P.C.

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against MALEA G BANKS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of May, 2011, and recorded on the 30th day of June, 2011 (as instrument number 2011-035626), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MALEA G BANKS, in the amount of Nine Hundred Seventy-Seven and 25/100 (\$977.25) Dollars, is

released this 2014 day of Jone, 2012. 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. MODIST HOSPITALS, INC Yolanda Jaime STATE OF INDIANA COUNTY OF LAKE Yolanda Jame, 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. Subscribed and sworn to before me, a Notary Public day of (Notary Public A Resident of School County My Commission Expires: Official Seal LISA M STONE Resident of Lake County IN March 24,2019 (SEAL My commission expires March 24, 2019 POLAND I affirm, under the penalties for perjury, that I have taken reasonable care to reduct 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 **AMOUNT \$** CASH CHECK# 7777-193677 **OVERAGE** COPY. NON-COM CLERK_