

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 052154

2012 AUG -3 AM 11:04

MICHAEL AJMAN
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 BRYONE WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of June, 2012, and recorded on the 30th day of June, 2012 (as instrument number 2011-035628), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BRYONE WILLIAMS, in the amount of Four Thousand Five Hundred Forty-Five and 00/100 (\$4,545.00) Dollars, is released this 1st day of AUGUST, 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.

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.

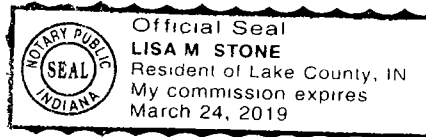
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 20th day of July, 2012.

[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 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

7777-193948

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 18153
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]