

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 061278

2012 SEP 11 AM 11:15

RETURN TO: HODGES & DAVIS, P.C. CLERK & RECORDER
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 DESIREE M MCGEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of June, 2011, and recorded on the 30th day of June, 2011 (as instrument number 2011-035650), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DESIREE M MCGEE, in the amount of Four Thousand Five Hundred Thirty-Two and 50/100 (\$4,532.50) Dollars, is released this 11th day of September, 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)

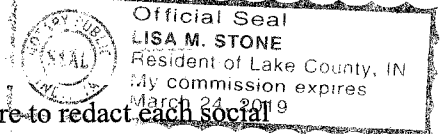
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 5th day of September, 2012.

[Signature]
Notary Public
A Resident of Laure 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

7777-194302

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 18218
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]
E