

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 089823

2012 DEC 19 PM 2: 53

RETURN TO: MICHELLE NORMAN
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 ANGELINA NORMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of July, 2012, and recorded on the 17th day of August, 2012 (as instrument number 2012-055678), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANGELINA NORMAN, in the amount of One Thousand Two Hundred Thirty-One and 75/100 (\$1,231.75) Dollars, is released this 19th day of December, 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)

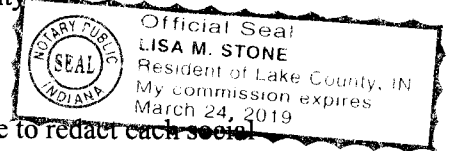
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 14th day of December, 2012.

Lisa M. Stone
Notary Public
A Resident of Lane 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

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 18991
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

7777-206284

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