

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

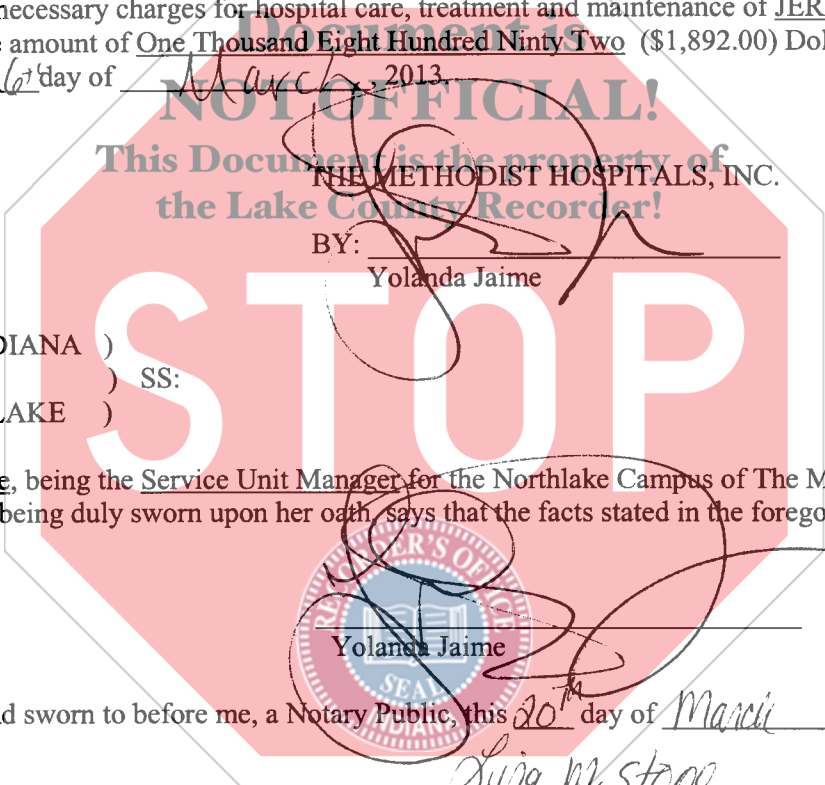
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2013 MAR 27 AM 11:37

MICHAEL B. BROWN  
RETURN TO: HORTON 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 JEREMY FOSTER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of July, 2009, and recorded on the 6th day of August, 2009 (as instrument number 2009-054565), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JEREMY FOSTER, in the amount of One Thousand Eight Hundred Ninty Two (\$1,892.00) Dollars, is released this 26<sup>th</sup> day of March, 2013.



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 20<sup>th</sup> day of March, 2013.

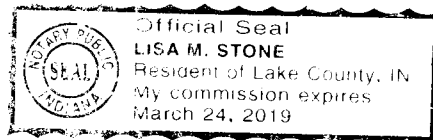
[Signature]

Notary Public

A Resident of Ball 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 \$ 18 -  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 18677  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

7777-176673