

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 050656

2013 JUL 12 PM 12: 58

MICHAEL B. BROWN  
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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against KHRISTINA L GIVENS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of May, 2011, and recorded on the 16th day of June, 2011 (as instrument number 2011-032933), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KHRISTINA L GIVENS, in the amount of Two Thousand Four Hundred Thirty-Five (\$2,435.00) Dollars, is released this 12 day of July, 2013.

This Document is the property of  
THE METHODIST HOSPITALS, INC.  
the Lake County Recorder!

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

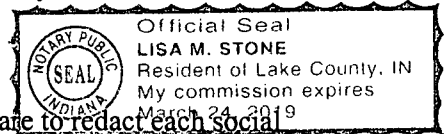
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 12 day of July, 2013.

[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

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 18945  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

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