

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 056568

2013 AUG -1 AM 9:10

MICHAEL B. BROWN
RETURN TO: HODGSON 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 KIM SHADRICK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of December, 2010, and recorded on the 13th day of January, 2011 (as instrument number 2011-002572), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KIM SHADRICK, in the amount of Six Thousand Two Hundred Seventy Four (\$6,274.00) Dollars, is released this 30th day of July, 2013.

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.

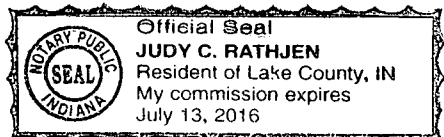
BY: [Signature]
Yolanda Jaime

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 26 day of July, 2013.



[Signature]
Notary Public
A Resident of Spice County

My Commission Expires:

July 13, 2016

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

7777-189673.001-004

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 18994
OVERAGE _____
COPY _____
NON-COM _____
CLERK vc

E