

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 003531

2014 JAN 17 PM 1:19

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 SHANTE WILSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of October, 2013, and recorded on the 16th day of October, 2013 (as instrument number 2013-075420), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHANTE WILSON, in the amount of Six Hundred Three and 25/100 (\$603.25) Dollars, is released this 16th day of January, 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 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

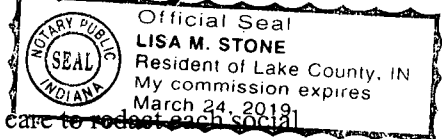
Subscribed and sworn to before me, a Notary Public, this 28th day of December, 2013.

[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

#7777-220312

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 19389
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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