

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 006222

2014 JAN 31 PM 1:42

RETURN TO: HODGES & DAVIS, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410  
MICHAEL B. BROWN  
RECORDER

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 SCOTT WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10th day of October, 2013, and recorded on the 25th day of October, 2013 (as instrument number 2013-079604), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SCOTT WILLIAMS, in the amount of Seven Thousand Five Hundred Thirty-Six and 50/100 (\$7,536.50) Dollars, is released this 30th day of January, 2014.

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 29th day of January, 2014.

[Signature]  
Notary Public  
A Resident of Lane County

My Commission Expires:  
March 24, 2019

Official Seal  
LISA M. STONE  
Resident of Lake County, IN  
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

#7777-220667

AMOUNT \$ 12-  
CASH CHARGE  
CHECK # 19422  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]