STATE OF INDIA: FILED FOR RECORD

2014 011309

2014 FEB 26 AM 11: 30

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ELLA M BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of August, 2012, and recorded on the 20th day of September, 2012 (as instrument number 2012-066377), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ELLA M BROWN, in the amount of Eighty Five Thousand One Hundred Seventy (\$85,177.21) Dollars, is released this 241 day of house 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. Yolanda Jaime STATE OF INDIANA 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.

Subscribed and sworn to before me, a Notary Public, this

A Resident of KUN County

My Commission Expires:

Official Seal LISA M. STONE Resident of Lake County, IN (SEAL My commission expires March 24, 2019

Notary Public

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:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH

7777-207635

CHECK# OVERAGE COPY_ NON-COM

CLERK.