

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 011317

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 MALEA G BANKS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of February, 2012, and recorded on the 23rd day of February, 2012 (as instrument number 2012-013510), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MALEA G BANKS, in the amount of Nine Hundred Sixty-Four and 50/100 (\$964.50) Dollars, is released this 24th day of February, 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 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.

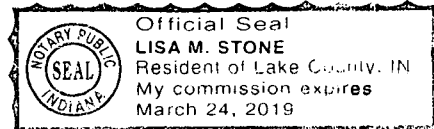
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 20th day of February, 2014.

[Signature]
Notary Public
A Resident of Lane 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 # 19465
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

7777-200855