

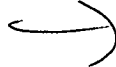
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 016137

2014 MAR 19 PM 12:40

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 RASHEENA L WOODARD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of February, 2014, and recorded on the 14th day of February, 2014 (as instrument number 2014-008911), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RASHEENA L WOODARD, in the amount of Nine Hundred Seventy-Five and 00/100 (\$975.00) Dollars, is released this 18th day of March, 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.

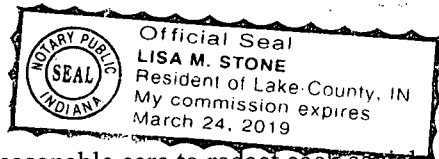
[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 12th day of March, 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

7777-224851

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 19519  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]  
E