STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 016535

2005 MAR -7 PM 1:30

MICHAEL A. 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., Outpatient - Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against MELISSA VELASQUEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of December, 2004, and recorded on the 23rd day of December, 2004 (as instrument number 2004-109299), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MELISSA VELASQUEZ, in the amount of Six Hundred Four and 00/100 ($604.00) Dollars, is released this 3rd day of March, 2005.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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: _____
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.

_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 3rd day of March, 2005.

Sheri Lopez
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2011

SHERI LOPEZ
Resident of Lake County, IN
My Commission Expires
March 24, 2011

This instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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CK#12181
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