2008 022572



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 Kathylyn Vega Guarantor For LAUREN BUTLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of October, 2007, and recorded on the 23rd day of October, 2007 (as instrument number 2007-084388), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAUREN BUTLER, in the amount of Three Thousand Seven Hundred Nineteen and 00/100 (\$3719.00) Dollars, is released this 13th day of \(\cappa \cappa

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.

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
This Document Yolanda Jaime roperty of
STATE OF INDIANA he Lake County Recorder!) 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 fasts stated in the foregoing are true
and correct. Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 12 day of Much, 2008. Notary Public A Resident of Func County
My Commission Expires: Official Seal
March 34, 301 Lisa Stone Resident of Lake County, 1N My commission expires March 34, 2013
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:
Olyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410