2008 064019

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 SEP 1 | AM 11: 05

MICHAEL A. BROWN

RETURNIFO: 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 <u>CIARA HAYDEN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>28th</u> day of <u>January</u>, 2008, and recorded on the <u>14th</u> day of <u>February</u>, 2008 (as instrument number <u>2008-011107</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CIARA</u> <u>HAYDEN</u>, in the amount of <u>Six Hundred Eighty and 00/100</u> (\$680.00) Dollars, is released this <u>Order County</u>, 2008.

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 MEVHODIST HOSPITALS, INC.

BY:

Yolanda Jaime

STATE OF INDIANA)

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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 many day of John 2008

Tura Store

Notary Public

A Resident of New County

My Commission Expires:

Mary 24, 2011

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires

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:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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