STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 066503

2008 SEP 24 AM 9: 33

MICHAEL A. DROWN 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 WILLIE GOLDEN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>22nd</u> day of <u>July, 2008</u>, and recorded on the <u>7th</u> day of <u>August, 2008</u> (as iı r 9 r

nstrument number 2008-056504), in the Office of the Recorder of Lake County, Indiana, for the
passonable and necessary charges for hospital care, treatment and maintenance of WILLIE
GOLDEN, in the amount of One Thousand Two Hundred Sixty Three (\$1263.00) Dollars, is
released this 2 rday of September, 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 METHODIST HOSPATALS, INC.
BY: White Comp
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 and day of Sophember 2008.
Luin Stone
Notary Public
A Resident of <u>Ratil</u> County
My Commission Expires:
March 20, 2011 LISA STONE Resident of Lake County, IN My commission expires March 2011
I affirm, under the penalties for periory, that there reasonable care to redact each social security number in this document, unless required by law.
This instrument Prepared By: (KL)
This instrument Prepared By: Clyde D Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410
PB

167967