STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 066509

2000 SEP 24 AM 9: 33

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ANEATRA F. HOLLAND, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of June, 2007, and recorded on the 22nd day of June, 2007 (as instrument

number 2007-051043), in the Office of the Recorder of Lake County, Indiana, for the reasonable
and necessary charges for hospital care, treatment and maintenance of ANEATRA F.
and necessary charges for hospital care, freatment and maintenance of ANEATRAP.
HOLLAND, in the amount of Two Thousand Two Hundred Thirty Five (\$2235.00) Dollars, is
released this 22 mday of September , 2008.
This Donner pat is the strongerty left At 1 11
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)
THE PARTY OF THE P
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.
and correct.
Vaerio
Yolanda Jaime
potunda di inc
Subscribed and sworn to before me, a Notary Public, this 22 nulay of 1000000.
Subscribed and sworn to before the, a riotary 1 done, this so what of supplies the subscribed and sworn to before the, a riotary 1 done, this so was a subscribed and sworn to before the, a riotary 1 done, this so was a subscribed and sworn to before the, a riotary 1 done, this so was a subscribed and sworn to before the, a riotary 1 done, this so was a subscribed and sworn to before the, a riotary 1 done, this so was a subscribed and sworn to before the subscribed and sworn to before the subscribed and sworn to be subscribed and
Lusia Store
Notary Public A Resident of <u>Xuly</u> County
My Commission Expires:
Marcia 21/ 21/1 Official Seal LISA STONE
FINALU A 1, 5011
My commission expires March 24, 2011
September and the contract of
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 lay.
This instrument Prepared By:
This instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410
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