CLASE OF MOTARIA LAKE COUNTY FILED FOR RECORD

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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 WORDIE EASON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of August, 2008, and recorded on the 25th day of August, 2008 (as instrument number 2008-060210), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WORDIE EASON, in the amount of Nine Hundred Ninety Six (\$996.00) Dollars, is released this 16th day of November 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 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 Que day of Movember, 2008

Juig Stone

Notary Public

A Resident of Malle County

(SEAL

My Commission Expires:

March 24,2011

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

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:

empton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

<u>CK</u>(SII)

PB