STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 021134

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MICHAEL A BROWN RECORBER

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 EVELYN J GREENE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of October, 2008, and recorded on the 16th day of October, 2008 (as instrument number 2008-071251), in the Office of the Recorder of Lake County, Indiana, for the

reasonable and necessary charges for hospital care, treatment and maintenance of EVELYN J GREENE, in the amount of Two Thousand Ninty Seven (\$2097.00) Dollars, is released this day of March , 2009. TO FF 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. MÉTAPODIST HOSPITALS, INC. olanda Jaim STATE OF INDIANA 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 Notary Public A Resident of My Commission Expires: Official Seal ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires (SEAL) ROIAN August 28, 2014 nat I h reasonable care to redact each social I affirm, under the penalties for perjury ve ta required l security number in this document, unl 0415358 This instrument Prepared By: Compton, Attorney at Law 12-8700 Broadway, Merrillville, IN 46410 BB