2009 021147

STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2009 APR - 1 PH 3: 13

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 ETHEL SHEARRILL, executed on the 23rd day of December, 2008, and recorded on the 16th day of January, 2009 (as instrument number 2009-002749), in the Office of the Recorder of Lake County, Indiana, for the SHEARRILL, in the amount of Nine Hundred Ninty One (\$991.00) Dollars, is released this

represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was reasonable and necessary charges for hospital care, treatment and maintenance of ETHEL N. 2009. TOFFICIA day of March 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 HOSPITA Yolanda **V**aime 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 bath, says that the facts stated in the foregoing are true and correct. olanda Jaune Subscribed and sworn to before me/a Notary Public, this 25 day of MMCU, 2009. Notary Public A Resident of Hall County My Commission Expires: March 24,2011 LISA STONE (SEAL) Resident of Lake County, IN My commission expires
March 2011 I affirm, under the penalties for perjuit **X** hav easonable care to redact each social security number in this docume This instrument Prepared By D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 BB