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2019 APR 15 AR 10: 02

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 JAYIA K JONES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of February, 2009, and recorded on the 5th day of February, 2009 (as instrument number 2009-006343), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JAYIA K JONES, in the amount of Six Hundred Forty Five (\$645.00) Dollars, is released this 12th day of

and necessary charges for hospital care, treatment and maintenance of JAYIA K JONES, in the amount of Six Hundred Forty Five (\$645.00) Dollars, is released this 13th day of April , 2009. 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. STATE OF INDIANA THE Lake County) 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. Subscribed and sworn to before me, a Notary Public, this 13 Notary Public A Resident of _____ County My Commission Expires: Official Seal LISA STONE (SEAL Resident of Lake County, IN My commission expires March 24, 2011 I affirm, under the penalties for perjury, that I have taken jeasonable care to redact each social security number in this document, unless required by l This instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 RM

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