2009 024135

2009 APA 15 AA 10: 02

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 <u>DESTINY ANDERSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of January, 2009, and recorded on the 20th day of January, 2009 (as instrument number 2009-003076), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DESTINY</u> ANDERSON, in the amount of Three Thousand One Hundred Ninty Four (\$3,194.00) Dollars, is released this bard day of April , 2009.

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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.
This Document is the proverty of
the Lake County Kecorder!
STATE OF INDIANA) 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 bath says that the facts stated in the foregoing are true
and correct.
Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 13 day of 6,200, 2009.
Some street
Notary Public
A Resident of A County My Commission Expires:
Official Seal
Cofficial 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 reduct each social
security number in this document, unless required by lay.
This instrument Prepared By: CLIS398
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

RME