2009 031271

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2089 MAY 12 AM 9: 14

MICHAEL A. BROWN V

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against LEAH WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of January, 2009, and recorded on the 30th day of January, 2009 (as instrument number 2009-005509), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LEAH 

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.

METHODIST HOSPITALS, INC. olanda Jaime

STATE OF INDIANA

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Southlake 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  $\frac{\cancel{CH}}{\cancel{CH}}$  day of  $\cancel{\cancel{MCH}}$ , 2009.

A Resident of Kill Co

Notary Public

LISA STONE

My Commission Expires:

Mich 24,2011

I affirm, under the penalties for perjury at I have take reasonable care to redact each social security number in this documen f, uŋ) equire

This instrument Prepared By:

Compton, Attorney at Law 00 Broadway, Merrillville, IN 46410 CRISHYT 12-

Resident of Lake County, IN My commission expires Merch 14, 2011

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