2009 031276

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 MAY 12 AM 9: 14

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against GRACE F. OCHS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was In the event full payment of the hospital charges has not been received, The Methodist

executed on the 7th day of May, 2008, and recorded on the 22nd day of May, 2008 (as instrument number 2008-038262), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GRACE F. OCHS, in the Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. METHODIST HOSPITALS, INC. STATE OF INDIANA SS: COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her dath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this  $\frac{\partial O}{\partial x}$  day of  $\frac{\partial O}{\partial x}$ Notary Public A Resident of \( \frac{1}{2} \) My Commission Expires: Official Seal 12 mach 24, 2011 LISA STONE
Resident of Lake County, IN (SEAL My commission expires I affirm, under the penalties for perji t I have reasonable care to security number in this document. equired This instrument Prepared By: ompton, Attorney at Law

0 Broadway, Merrillville, IN 46410