STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 031285

2009 MAY 12 AM 9: 15

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 JOHN SMITH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of April, 2008, and recorded on the 15th day of May, 2008 (as instrument number 2008-036017), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOHN SMITH, in the amount of One Thousand Six Hundred Forty Eight (\$1,648.00) Dollars, is released this day of Ago of Notice 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.
Younda Jaime
STATE OF INDIANA) SS:
COUNTY OF LAKE)
HOLDER'S OF
<u>Yolanda Jaime</u> , being the <u>Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc.</u> , being duly sworn upon her oath, says that the facts stated in the foregoing are true
and correct.
YolandaJaime
Subscribed and sworn to before me, a Notary Public, this 6th day of 1000, 2009.
Jux Steril
Notary Public
A Resident of Yelle County My Commission Expires:
Official Seal
1) GICT 2U, XII Resident of Lake Course
My commission expires March 24, 2011
I affirm, under the penalties for perfury, 121 I have taken reasonable care to redact each social
security number in this document, unless required by law.
This instrument Prepared By: (14544)
Ølyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410
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