2009 031288

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>SAMUEL WILLIAMS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>21st</u> day of <u>May</u>, 2008, and recorded on the <u>29th</u> day of <u>May</u>, 2008 (as instrument number <u>2008-039611</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>SAMUEL</u> <u>WILLIAMS</u>, in the amount of <u>Three Thousand Three Hundred Twenty One</u> (\$3,321.00) Dollars, is released this <u>Care and Against Ag</u>

WILLIAMS, in the amount of Three Thousand Three Hundred Twenty One (\$3,321.00) Dollars, day of NOLYment is, 2009. is released this 💇 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. Yolanda Jaime 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 oath, says that the facts stated in the foregoing are true and correct. Yolanda Subscribed and sworn to before me, a Notary Public, this day of May Notary Public A Resident of May County Official Sea My Commission Expires: LISA STONE Much 24,2011 (SEAL Resident of Lake County. IN My commission expires reasonable care to redact each social I affirm, under the penalties for perjury at I hav e taken security number in this document unl (415441) This instrument Prepared By: Compton, Attorney at Law

00 Broadway, Merrillville, IN 46410