STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 064866

2009 SEP 23 AM 10: 18

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 FRANK WILDERNESS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of February, 2009, and recorded on the 13th day of March, 2009 (as instrument number 2009-016248), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of FRANK WILDERNESS, in the amount of Two Thousand Two Hundred Fifty Six (\$2,256.00) Dollars, is released this 15th day of September , 2009.

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.

Hospitals, Inc. specifically reserves a	ll rights it may have to collec	t the balance due.
NOT This Docum	a Characa partition	perty of
STATE OF INDIANA THE Lake	e County Reco	order!
) SS:		
COUNTY OF LAKE		
Yolanda Jaime, being the Service U	Init Manager for the Southlal	ke Campus of The Methodist
Hospitals, Inc., being duly sworn upo		
and correct. Subscribed and sworn to before me	Yolanda Jaime	
	Zang Sone	
		Notary Public
My Commission Expires:	A Resident of	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011
I affirm, under the penalties for perju		ole care to redact each social
security number in this document, un	less required by law.	
This instrument Prepared By:	En 025	S CHS115
	ele F. Hites, Attorney at Law	
870	00 Broadway, Merrillville, IN	1 46410
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