STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 012096

2010 MAR -3 AM 9:29

RETURN TO: HODGES & DAVIS, P.C.
MICHELLE R. LAWMAN
RECORDER
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 SANDRA LUCKETT, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of January, 2010, and recorded on the 20th day of January, 2010 (as instrument number 2010-003475), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SANDRA LUCKETT, in the amount of Sixteen Thousand Five Hundred Seventy One and 69/100 ($16,571.69) Dollars, is released this 26th day of February, 2010.

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.

BY: _____
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 Jaime

Subscribed and sworn to before me, a Notary Public, this 26th day of February, 2010.

Lisa Stone
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2011

Official Seal
LISA STONE
Resident of Lake County
My Commission expires
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I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By: _____
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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