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STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2010 MAR -9 AH 10: 14

MICHELLE H. FAJMAN RETURN TO: HODGER COAVER 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 <u>JAVANNI WILLIAMS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of December, 2009, and recorded on the 14th day of January, 2010 (as instrument number 2010-002454), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JAVANNI WILLIAMS, in the amount of Four Thousand Four Hundred Twenty Four and 50/100 (\$4,424.50) Dollars, is released this the day of March

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. This Document the Lake Co Yolanda Jaime STATE OF INDIANA SS: COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this 41 day of Ware la Notary Public A Resident of Mane County My Commission Expires: Official Seal Mench 24, 2011 LISA STONE
Resident of Lake County, IN My commission expires March 24, 2011 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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