STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 012610

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MICHELLE R. TAJMAN
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 ELISEO VELEZ JR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of October, 2009, and recorded on the 26th day of October, 2009 (as instrument number 2009-071823), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ELISEO VELEZ JR, in the amount of One Thousand Seven Hundred Twenty Six and 50/100 ($1,726.50) Dollars, is released this 4th day of March, 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 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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 4th day of March, 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

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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