STATE OF MULANA LAKE COUNTY FILED FOR RECORD

2010 040030

2010 JUL 12 AM 9: 21

MICHEL RETURN TO: FFODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

R. FAJMAN

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>DOREAL GARNER</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of May, 2010, and recorded on the 7th day of June, 2010 (as instrument number 2010-032028), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of **DOREAL GARNER**, in

| the amount of Eight Hundred Tw., 2010. | elve (\$812.00) Dollars, is released this what day of |
|---|--|
| 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) | |
| Hospitals, Inc., being duly sworn and correct. | ce Unit Manager for the Southlake Campus of The Methodist upon her oath, says that the facts stated in the foregoing are true Yolanda Jaime |
| Subscribed and sworn to before me, a Notary Public, this b^{Th} day of $Quly$, 2010. | |
| | - Lusa Stone |
| | A Resident of fake County |
| My Commission Expires: My Coll | Official Seal LISA STONE Resident of Lake County, IN 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 12 - |
| | AD. |

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