STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 041390

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MICHELLE R. FAJMAN

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 <u>VERA GAINES</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>30th</u> day of <u>December, 2009</u>, and recorded on the <u>14th</u> day of <u>January, 2010</u> (as instrument number <u>2010-002457</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>VERA</u> <u>GAINES</u>, in the amount of <u>Six Hundred Fifty and 10/100</u> (\$650.10) Dollars, is released this day of _______, 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. MEJPHÓQIST HOSPITALS, INC. 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. Yolknda Jaime Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of County My Commission Expires: Official Seal LISA STONE Manet 34, 2011 Resident of Lake County, IN My commission expires (SEAL) I affirm, under the penalties for perjury, that I have taken reasonable can to redact each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law OK16353 8700 Broadway, Merrillville, IN 46410 12-