STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLE R. HAJMAN 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 JAY KYU HA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the ıt

14th day of December, 2009, and recorded on the 4th day of January, 2010 (as instrument numbe 2010-000110), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JAY KYU HA, in the amount of One Thousand Nine Hundred Nine (\$1,909.00) Dollars, is released this 19th day of 2010.
, 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, DIS
THE METHODIST HOSPITALS, INC.
Yolanda Jaime
STATE OF INDIANA )
COUNTY OF LAKE ) SS:
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 19 day of July, 2010.
Notary Public A Resident of County
My Commission Expires:
March 34, 2011  State 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 Ck 1636
Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
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