STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 042678

2010 JUL 22 PM 2: 57

MICHELLE H. FAJMAN 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.,

Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>IKAIMI KRIENKE</u> , represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>17th</u> day of <u>May, 2010</u> , and recorded on the <u>7th</u> day of <u>June, 2010</u> (as instrument number <u>2010-032029</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>IKAIMI KRIENKE</u> , in the amount of <u>One Thousand Three Hundred Seventy Nine and 28/100</u> (\$1,379.28) Dollars, is released this <u>Ibharday</u> day of <u>, 2010</u> .
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 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.  Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this day of July 1, 2010.
Ruga Store Notary Public
My Commission Expires:  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
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