2010,056967

2010 SEP 30 PM 3: 06

MICHEL AJMAN 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 TINA DARNELL

represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of March, 2009, and recorded on the 13th day of March, 2009 (as
instrument number 2009-016244), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>TINA</u>
DARNELL, in the amount of Thirty Thousand Eight Hundred Forty Four (\$30,844.00) Dollars, is released this May of Stotember, 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 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 Jame Subscribed and sworn to before me, a Notary Public, this May of Systember, 2010.
Notary Public
My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires: A Resident of MU County Official Sea! 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 Ck 16535 8700 Broadway, Merrillville, IN 46410 12 -
,)
AMOUNT \$CHARGE
14625

CHECK #___ OVERAGE_ COPY_ NON-COM. CLERK_