2010 058596

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 OCT -8 PM 3: 22

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 Carol Budgin, guarantor for ALEXANDER BUDGIN, represented by the Sworn Statement Of Notice Of Intention To

Hold Hospital Lien which was executed on the <u>28th</u> day of <u>January</u> , <u>2010</u> , and recorded on the 12th day of February, <u>2010</u> (as instrument number <u>2010-007874</u>), in the Office of the Recorder of
Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and
maintenance of ALEXANDER BUDGIN, in the amount of Eight Thousand Seven Hundred Forty
Eight and 27/100 (\$8,748.27) Dollars, is released this day of October, 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.
THEMETHODIST 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.
$(\mathcal{L}(\mathcal{L})_{+})_{+}$
Yolanda Jaime
A LI
Subscribed and sworn to before me, a Notary Public, this
Suby Store
Notary Public
A Resident of ACM County
My Commission Expires: Official Seal
Man Lisa Stone Resident of Lake County, IN
My commission expires
I affirm, under the penalties for perjury, that I have taken reasonable care to reduct 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

AMOUNT \$ CASH_ CHARGE CHECK # OVERAGE COPY. NON-COM 12/5 CLERK_