STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 060595

2010 OCT 19 AM 9: 14

RETURN TO: HODGE ADAVIS, P.CIMAN Attorneys at TawORDER

Attorneys at TawUHUEH 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 ROOSEVELT JOLLY SR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22nd day of March, 2010, and recorded on the 30th day of March, 2010 (as instrument number 2010-018115), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROOSEVELT JOLLY SR, in the amount of One Thousand One Hundred Fourteen and 50/100 (\$1,114.50) Dollars, is released this 4 day of
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 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 14 day of October, 2010.
Notary Public A Resident of Sure County
My Commission Expires:
Mach 24, 201) 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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