STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 060596

2010 OCT 19 AM 9: 14

RETURN TO: HOMGES & DAVIS, R.C.N.
Attorneys ECLEWICE

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. Garv. Indiana 46402, against DENVER A JONES

| represented by the Sworn Statement Of Notice Of Intention To Ho executed on the 23rd day of August, 2010, and recorded on the 2n instrument number 2010-050901), in the Office of the Recorder or reasonable and necessary charges for hospital care, treatment and JONES, in the amount of One Thousand Twenty Four (\$1,024.00 day of | old Hospital Lien which was d day of September, 2010 (as f Lake County, Indiana, for the maintenance of DENVER A |
|---|--|
| In the event full payment of the hospital charges has not been red<br>Hospitals, Inc. specifically reserves all rights it may have to collect   | ceived, The Methodist the balance due.   |
| THE METHODIST HO  BY  Yolanda Jaime   | SPITALS, INC.  |
| STATE OF INDIANA )  OUNTY OF LAKE )  SS:  |  |
| Yolanda Jaime, being the Service Unit Manager for the Northlak Hospitals, Inc., being duly sworn upon her oath, says that the facts and correct.  Yolanda Jaime   | stated in the foregoing are true   |
| Subscribed and sworn to before me, a Notary Public, this 14th d.  | Notary Public  |
| My Commission Expires:  A Resident of flaw  (SV P)  | _ County<br>Official Seal  |
| March 24, 2011  | LISA STONE Resident of Lake 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 8700 Broadway, Merrillville, IN 4   | 6410   |
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|   | CHECK # CHARGE   |
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