STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 060598

2010 OCT 19 AM 9: 14

MICHELLER FAJMAN RETURN TO: HODGES & HEAVIS, P.F.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE Southlake Campus, 8701 Broadway, Merrillville, India represented by the Sworn Statement Of Notice Of Interexecuted on the 14th day of July, 2010, and recorded o instrument number 2010-042660), in the Office of the reasonable and necessary charges for hospital care, treated this 14 day of 150 day	ntion To Hold Hospital Lien which was in the 22nd day of July, 2010 (as Recorder of Lake County, Indiana, for the latment and maintenance of ISAAC L
In the event full payment of the hospital charges has	not been received, The Methodist
Hospitals, Inc. specifically reserves all rights it may ha	ve to collect the balance due.
THEMETHO	DDIST HOSPITALS, INC.
BY: Yolanda	a Jaime
STATE OF INDIANA)	
) SS: COUNTY OF LAKE)	
Yolanda Jaime, being the Service Unit Manager for Hospitals, Inc., being duly sworn upon her oath, says t and correct. Yolanda Jaime, being the Service Unit Manager for Hospitals, Inc., being duly sworn upon her oath, says t and correct.	hat the facts stated in the foregoing are true
Subscribed and sworn to before me, a Notary Public, this 14th day of October, 2010.	
A	
_ Kun.	Stone Notary Public
	Notary Public of Aure County
My Commission Expires:	The second secon
Janch 24, 2011	Official Seal LISA STONE Resident of Lake County, IN My commission expires
I affirm, under the penalties for perjury, that I have tal security number in this document, unless required by	ken reasonableseare actientedaet each social
	_
This instrument Prepared By:	
Earle F. Hites, Attor 8700 Broadway, Mo	<u>•</u>
o o Dioda way, 112	
	AMOUNT \$
	CASH CHARGE
	CHECK # 16072
	OVERAGE
	COPY
	NON - COM

GLERK ____