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VIC RECURBER SAMAN

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>CATHERINE D RILEY</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>21st</u> day of <u>May, 2010</u>, and recorded on the <u>11th</u> day of <u>June, 2010</u> (as instrument number <u>2010-033364</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CATHERINE D RILEY</u>, in the amount of <u>One Thousand Three Hundred Ninty Nine</u> (\$1,399.00) Dollars, is released this \2 day of \( \frac{1}{2} \text{day of } \)

released this 13tday of Decembe, 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. STATE OF INDIANA ) 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 D day of December 2010. A Resident of County My Commission Expires: 1) 1600/124,2011 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 46410

AMOUNT \$ CHARGE CHECK # 10103 OVERAGE COPY NON-COM CLERK