CARE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 077976

2010 DEC 30 PH 3: 00

RETURN TO: HODGES & DAYES, H.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 OSCAR A MONGE-CISNEROS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of September, 2010, and recorded on the 30th day of September, 2010 (as instrument number 2010-056889), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of OSCAR A MONGE-CISNEROS, in the amount of Eleven Thousand Five Hundred Fifteen and 24/100 (\$11,515.24) Dollars, is released this \(\sqrt{5} \) day of

December, 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. 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 eath says that the facts stated in the foregoing are true and correct. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this 15 day of December, 2010.
Notary Public
A Resident of Haly County My Commission Expires: 10 14 12011
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 \$ 12 CASH_ CHECK # 16163 OVERAGE_ COPY_ NON-COM_ CLERK_