STATE OF HUTANA LANE COUNTY FILED FOR RECORD

2010 077991

2010 DEC 30 PM 3: 01

RETURN TO: MQDGES & DAVISANC.
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>CAROL MINTON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of November, 2010, and recorded on the 12th day of November, 2010 (as instrument number 2010-066110), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CAROL MINTON</u>, in the amount of <u>Six Hundred Fifty Nine and 75/100</u> (\$659.75) Dollars, is released this 18 day of 18 day o

reasonable and necessary charges for hospital care, t MINTON, in the amount of Six Hundred Fifty Nine this N^s day of	reatment and maintenance of CAROL
In the event full payment of the hospital charges has Hospitals, Inc. specifically reserves all rights it may	as not been received, The Methodist have to collect the balance due.
†HE/M#1	THODIST HOSPITALS, INC.
	(d) U
Yola	nda Jaime
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STATE OF INDIANA)) SS:	
COUNTY OF LAKE)	
Yolanda Jaime, being the Service Unit Manager for Hospitals, Inc., being duly sworn upon her oath, say and correct. Yolanda Subscribed and sworn to before me, a Notary Publ	that the facts stated in the foregoing are true traine to the facts stated in the foregoing are true true trained to the facts stated in the foregoing are true true.
A Reside	Notary Public nt of /100 County
My Commission Expires:	<u> </u>
2) May 17 24 - 1611	SEAL COUNTY, IN
I affirm, under the penalties for perjury, that I have a security number in this document, unless required by	
This instrument Prepared By: Earle F. Hites, Atto 8700 Broadway, M	orney at Law errillville, IN 46410
AMOUNT \$CHARGECHECK #CHECK #COPYNON-COMCLERK	<u></u>