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RETURN TO: HODGES & DAVIS CONDER

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 MARVIN MILLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of September, 2010, and recorded on the 14th day of October, 2010 (as

executed on the <u>27th</u> day of <u>September, 2010</u> , and recorded on the <u>14th</u> day of <u>October, 2010</u> (as
instrument number 2010-059489), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of MARVIN
MILLER, in the amount of Three Thousand Eight Hundred Twenty Four and 75/100 (\$3,824.75)
Dollars, is released this day of February 2011.
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.
This Document is the property of
the Lak THE METHODIST HOSPITALS, INC.
the Lake County ivecorder:
BY:
Yolanda Jaime
STATE OF INDIANA
) SS:
COUNTY OF LAKE
COUNTY OF LAKE
Yolanda Jaime, being the Service Unit Manager for the Southlake 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
The state of the s
Subscribed and sworn to before me, a Notary Public, this 7 day of 10000, 2011.
D. Claro
Truna Store
Notary Public
A Resident of Hule County
My Commission Expires: Official Seal
WILLIAM STONE SERVICE
My commission expires (SEAL) Resident of Lake County, IN My commission expires
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.
Γhis instrument Prepared By:
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410
• • • • • • • • • • • • • • • • • • • •

AMOUNT \$ CHARGE 16844 CASH_ CHECK #. OVERAGE. COPY. NON-COM. CLERK_