STATE OF INDIANA
LAKE COUNTY FILEO FOR RECORD

2011 012272

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RETURN TO: HODGES & DAXIS P.C. MICHE 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 TASHA FULLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of January, 2011, and recorded on the 31st day of January, 2011 (as instrument number 2011-006091), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TASHA FULLER, in the amount of One Thousand Four Hundred Forty Six and 25/100 (\$1,446.25)

Dollars, is released this 21 st 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 As the property of the Lake WOUNT HOSPITALS, INC.
BY Volanda Jaime
STATE OF INDIANA
COUNTY OF LAKE ) SS:
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 Andrew day of february, 2011.
Jung Story
Notary Public A Resident of Sals County
My Commission Expires:
Much 34, 2011  LISA STONE Resident of Lake County, IN My commission expires March 24, 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 \$	12-
CASH	CHARGE
CHECK #	16886
OVERAGE_	
COPY	
NON-COM_	
CLERK	100
	IC'VI