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RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410



PARTIAL 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 FELICIA HOUSTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of August, 2010, and recorded on the 2nd day of September, 2010 (as instrument number 2010-050891), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of FELICIA HOUSTON, in the amount of One Thousand Six Hundred Twenty Seven (\$1,627.00) Dollars, is PARTIALLY released to the extent of Six Hundred Sixty Six & 67/100, (\$666.67) Dollars this 6th day of May, 2011. Please take note that this is a PARTIAL release of lien and not a release of debt; and THE METHODIST HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Nine Hundred Sixty & 33/100, (\$960.33) Dollars and all rights to collect any and all further sums due and owing on its underlying claim for services rendered to the patient.

THE METHODIST HOSPITALS, INC.

BY:

Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Service Unit Manager for 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 6th day of May, 2011.

A Resident of Lake County

Notary Public

My Commission Expires:
March 24, 2019



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

7777-185508

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 17271
OVERAGE _____
COPY _____
NON-COM _____
CLERK BS