STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

**20**11 027819

201 MAY 18 PM 1: 03

MICHEL AMAN RETURN TO: HODGES DAVIS, P.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 MARCIA SANCHEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of March, 2011, and recorded on the 20th day of April, 2011 (as instrument number 2011-022686), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MARCIA SANCHEZ, in the amount of One Thousand Six Hundred Sixty-Six (\$1,666.00) Dollars, is released this 11th day of 12011.

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.

RY:

Yolanda Jaime

STATE OF INDIANA )

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

Subscribed and sworn to before me, a Notary Public, this // day of ///out, 2011

A Resident of Han County

Official Seal LISA M. STONE

March 24.

Resident of Lake County, IN My commission expires

My Commission Expires:

I affirm, under the penalties for perjury, that I have taken reasonable care to rescurity number in this document, unless required by law.

This is a second of the second

This instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

7777-192145

AMOUNT \$\_\_\_CHARGE\_\_\_CHECK #\_\_\_\_\_ 8 & OVERAGE\_\_\_\_\_NON-COM\_\_\_\_\_

CLERK.

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