STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 027826

2011 MAY V8 PM 1: 03

RETURN TO: MODGES & DAVINANC. Attorness & DAVINANC.

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>JENNIFER SETMAYER</u> ,	
epresented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was	
executed on the 8th day of February, 2011, and recorded on the 18th day of February, 2011 (as	
nstrument number 2011-009892), in the Office of the Recorder of Lake County, Indiana, for the	
easonable and necessary charges for hospital care, treatment and maintenance of JENNIFER	
SETMAYER, in the amount of Six Hundred Twelve (\$612.00) Dollars, is released this 1 th lay of	
NOTOFFICIAL	
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 Lake County Recorder!	
THE METHODIST HOSPITALS, INC.	
BY: A QUI	
Volenda Jaime	
STATE OF INDIANA)	
SS:	
COUNTY OF LAKE	
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.	
The room	
Yolanda Jaime	
Subscribed and sworn to before me, a Notary Public, this 11 day of, 2011.	
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Mam, Storl	
Notary Public	
A Resident of MC County	
My Commission Expires:	-
Manch 24, 2019 LISA M. STONE Resident of Lake County, II	NI
My commission expires March 24, 2019	•
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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	
7777-190803	
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AMOUNT \$. CASH____CHECK #_ OVERAGE. OCPY_ NON-COM_ CLERK___