STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 041888

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MICHELLE E HAJMAN RECORDER

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 <u>GEORGIANNA L DANIELS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Li

which was executed on the <u>23rd</u> day of <u>February</u> , <u>2011</u> , and recorded on the <u>18th</u> day of <u>March</u> ,
2011 (as instrument number 2011-016557), in the Office of the Recorder of Lake County,
Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of
GEORGIANNA L DANIELS, in the amount of Four Thousand Two Hundred Sixty One
(\$4,261.00) Dollars, is released this 1st day of August, 2011.
In the expent full personal of the hagginal charge land of the second of the land of the l
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 FRE METHODIST HOSPITALS, INC.
the Lake Gotter, Recorder:
BY: Colem
Yolanda Jaime
STATE OF INDIANA
) SS:
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.
Volado James
Yolanda Jaime
Subscribed and sworn to before me, a Notary Public, this 25 day of, 2011.
Sura M. Stone
A Resident of All County Notary Public
My Commission Expires:
March 20 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_101138

AMOUNT \$ CASH.... CHECK# OVERAGE COPY_ NON-COM CLERK_