STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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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>EDEN R DABU-PANGILINAN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>17th</u> day of <u>February</u>, 2011, and recorded on the <u>7th</u> day of <u>March</u>, 2011 (as instrument number 2011-012898), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>EDEN R DABU-PANGILINAN</u>, in the amount of <u>One Thousand Five Hundred Fifty Eight</u> (\$1,558.00) Dollars, is released this <u>15th</u> day of <u>August</u>, 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.		
THE METHODIST HOSPITALS, INC.		
BY: O Ceny		
(Yolanda Jaime		
STATE OF INDIANA )		
) SS:		
COUNTY OF LAKE )		
THE R. C. LOW.		
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.		
Jen Jen		
Yolanda Jaime		
Subscribed and sworn to before me, a Notary Public, this day of July, 2011.		
Kung M. Stone		
Notary Public		
A Resident of MC County Notary Public		
My Commission Expires:		
Maunay, 2019  Resident of Lake County, IN 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 Merrillyille IN 46410		

7777-191067

AMOUNT \$.	12
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CHECK #	17435
OVERAGE_	
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