LAKE COUNTY FILED FOR RECORD

2011 043399

2011 AUG 12 AM 10: 57

MICH 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against SABRINA D. ROGERS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of $\underline{December, 2005}$, and recorded on the $\underline{15th}$ day of $\underline{December, 2005}$ (as instrument number 2005-110141), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SABRINA D. ROGERS, in the amount of Eight Hundred Seventeen (\$817.00) Dollars, is released this day of August ,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.

MICTHODIST HOSPITALS, INC Yolanda Jaim

Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her cath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, this

Volanda Jaime

Notary Public A Resident of Acre County

My Commission Expires:

STATE OF INDIANA

COUNTY OF LAKE

March 24, 2019

Official Seal LISA M. STONE Resident of Lake County, IN (SEAL) My commission expires

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

AMOUNT \$. CHARGE CASH_ CHECK # **OVERAGE** COPY. NON-COM

CLERK.

5555-142024