STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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VIIC RECORDER

RETURN TO: HODGES & DAVIS, P.C.

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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 EVELYN D. BURNSIDE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of August, 2004, and recorded on the 19th day of August, 2004 (as instrument number 2004-070913), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of EVELYN D. BURNSIDE, in the amount of Seven Thousand Six Hundred Thirty (\$7,630.00) Dollars, is released this

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. METHODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA 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. Subscribed and sworn to before me, a Notary Public, this 117 day of U Notary Public A Resident of Jake County My Commission Expires: Official Seal LISA M. STONE 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, Merrillville, IN 46410

5555-132746

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AMOUNT \$	
CASH	_CHARGE
CHECK #	17469
OVERAGE	
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CLERK	70
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