

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 045749

2011 AUG 23 PM 2:54

RETURN TO: ^{MICHAEL R. FAIVAN} 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 ALEXIS KINSEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of May, 2010, and recorded on the 7th day of June, 2010 (as instrument number 2010-032036), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEXIS KINSEY, in the amount of Thirty Five Thousand Nine Hundred Sixty One and 78/100 (\$35,961.78) Dollars, is released this 23rd day of August, 2011.

This Document is the property of
the Lake County Recorder
THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda 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.

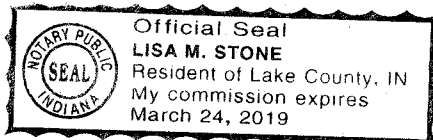
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 22nd day of August, 2011.

[Signature]
Notary Public
A Resident of Lake County

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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-183081
AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 17479
OVERAGE _____
COPY _____
NON-COM _____
CLERK lw

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