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RETURN TO: HODGES & DAVIS, PRECONDER
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

## RELEASE OF HOSPITAL LIEN

	ospital Lien by the McInobist nostitals, inc.,
Northlake Campus, 600 Grant Sire	et, Gary, Indiana 46402, against <u>REESHELL SIMMONS</u> , at Of Notice Of Intention To Hold Hospital Lien which was
represented by the Sworn Statemen	2012, and recorded on the 4th day of June, 2012 (as instrument
executed on the 21st day of iviay, 2	on of the Pecorder of Lake County Indiana, for the reasonable
number 2012-037172), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of REESHELL SIMMONS,	
and necessary charges for nospital	wo Hundred Seventy-Five (\$1,275.25) Dollars, is released this
20th day of June	I OFFICIAL:
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.
	Lot. To be all as
	Walanda lakea
	Yolanda Jayme
STATE OF INDIANA )	
STATE OF INDIANA ) SS:	
COUNTY OF LAKE	
COUNTY OF LAKE	
Volenda Jama haing the Service	e 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.	
and correct.	
Volanda Jaime	
W Dianida Jamie	
Subscribed and sworn to before	me a Notary Public, this garday of June, 2012.
	Kusa M. Stone
	Notary Public
	A Resident of County
My Commission Expires:	
222 1 24 24 9	Official Seal LISA M. STONE
11 May 24, 2019	Resident of Lake County, IN
, , ,	My commission expires March 24, 2019
	rjury, that I have taken reasonable care to redact each social
security number in this document,	unless required by law.
This instrument Prepared By:	20 )
	arle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410	
12-	
	AMOUNT \$
	CASHCHARGE
7777-203237	CHECK # (80)8
OVERAGE	
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