2012 040817

2012 JUN 20 PM 1:53

RETURN TO: HODGES & DAVIS, P.C.RECOHUER 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., Outpatient - Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>DANITA</u> O H iı re H

| HIGGINS, represented by the Sworn which was executed on the 3rd day of | Statement Of Notice Of Inte May, 2006, and recorded or | ntion To Hold Hospital 1 the <u>31st</u> day of <u>May, 2</u> | Lien 2006 (as |
|---|---|--|--------------------------------|
| instrument number 2006-046235), in reasonable and necessary charges for HIGGINS, in the amount of One Tho | hospital care, treatment and usand Thirteen and 00/100 (| maintenance of DANIT | <u>'A</u> |
| this 20th day of | -C ⁰¹² FICIAI | 4. | |
| In the event full payment of the hos Hospitals, Inc. specifically reserves al | pital charges has not been re I rights it may have to collec | ceived, The Methodist the balance due. | |
| | THE METHODIST HOS | PITALS, INC. | |
| | BY: Xolanda Jaime | | |
| STATE OF INDIANA) SS: | | | |
| COUNTY OF LAKE | | | |
| Yolanda Jaime, being the Service U Hospitals, Inc., being duly sworn upo and correct. | | | |
| | A JOA | | |
| | Yolanda Jaime | | |
| Subscribed and sworn to before me, a Notary Public this 19 day of Jume, 2012. | | | |
| | Xwa Mi Sto. | <u> </u> | |
| | A Resident of Adil | Notary Pub County Official | |
| My Commission Expires: MULL AL, 2019 | Tresident of 1/1/4/4 | SEAL) Resident of | of Lake Count ission expire |
| I affirm, under the penalties for perjuis security number in this document, un | - · | ole care to redact each s | ocial |
| This instrument Prepared By: | (a 125 | | |
| | le F. Hites, Attorney at Law 00 Broadway, Merrillville, IV | I 46410 | |
| 2222-144097 | AMOUNT \$CHARGECHECK #(& 0 & 8 & 8 & 8 & 8 & 8 & 8 & 8 & 8 & 8 | | |
| | NON-COM | | |