2012 040819

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 JUN 20 PM 1:54

MICHAEL B. BROWN
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 DANYELL MOORE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of September, 2011, and recorded on the 20th day of October, 2011 (as instrument number 2011-058277), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DANYELL MOORE, in the amount of Eight Hundred Fifty-Five and 25/100 ($855.25) Dollars, is released this ____ day of _____, 2012.

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.

BY: _____
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.
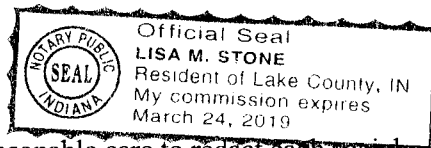
_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 15th day of June, 2012.

_____
                          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: _____
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-197210

AMOUNT $ 12 -
CASH_____ CHARGE_____
CHECK # 13058
OVERAGE_____
COPY_____
NON-COM_____
CLERK_____