

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 040820

2012 JUN 20 PM 1:54

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law

8700 Broadway

Merrillville, IN 46410

MICHAEL J. FAJMAN
RECORDER

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 KEITH ALEXANDER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of October, 2011, and recorded on the 20th day of October, 2011 (as instrument number 2011-058261), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KEITH ALEXANDER, in the amount of One Thousand Four Hundred Twenty (\$1,420.00) Dollars, is released this 20th day of June, 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.

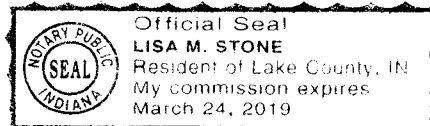
Yolanda Jaime

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

Lisa M. Stone
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
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12 -
CASH _____ CHARGE _____
CHECK # 18088
OVERAGE _____
COPY _____
NON-COM _____
CLERK no

7777-197318

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