2012 040828

2012 JUN 20 PM 1:54

RETURN TO: HODGES & DAWLS, P.C. FAJMAN Attorneys at Law RECORDER

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 KEVIN AYERS, represented b n a a

by the Sworn Statement Of Noti the 17th day of February, 2011.	ce Of Intention To Hold Hospital Lien which was executed on and recorded on the 3rd day of March, 2011 (as instrument
number 2011-012488) in the O	ffice of the Recorder of Lake County, Indiana, for the reasonable
and necessary charges for hospit	tal care, treatment and maintenance of KEVIN AYERS, in the
emount of Three Thousand Seve	en Hundred Thirteen (\$3,713.00) Dollars, is released this
	12 C C C C C C C C C C C C C C C C C C C
1	JI OFFICIAL:
In the event full payment of the	e hospital charges has not been received, The Methodist
Hospitals, Inc. specifically reser	ves all rights it may have to collect the balance due.
	THE METHODIST HOSPITALS, INC.
	BY. Come
	Yolanda Jajme
STATE OF INDIANA)	
) SS:	
COUNTY OF LAKE	
No. 1 . 1 . To bear the Com	vice Unit Manager for the Northlake Campus of The Methodist
Yolanda Jaime, being the Serv	de Unit Manager for the Northrake Campus of the Northodist
	n upon her oath, says that the facts stated in the foregoing are true
and correct.	
	AL CONTRACTOR OF THE PROPERTY
	Yolanda Jaime
	· W
Subscribed and sworn to before	re me, a Notary Public, this 191 day of 100, 2012.
	Jug M. Ston
	Notary Public A Resident of <u>SUN</u> County
My Commission Expires:	
24 / 2/ 2010	Official Seal
March 24,2019	LISA M. STONE
	(SEAL) Resident of Lake County, IN
	My commission expires March 24, 2019
I affirm, under the penalties for security number in this docume	perjury, that I have taken reasonable care to redact each social
security number in this docume.	m, unless required by law.
milities and the	(2, (3))
This instrument Prepared By:	
	Earle F. Hites, Attorney at Law
*	8700 Broadway, Merrillville, IN 46410
	i A
	AMOUNT \$
	CASHCHARGE
7777 101062	CHECK # 180 58
7777-191063	OVERAGE
	COPY
	NON-COM
	CLERK