STATE OF TATE OF INDIANA FILED FOR RECORD

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MICHEL FRUMAN 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 JOHNNIE M VINSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of July, 2011, and recorded on the 4th day of August, 2011 (as instrument number 2011-042150), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JOHNNIE M</u> <u>VINSON</u>, in the amount of <u>Nine Hundred Seventy-One</u> (\$971.00) Dollars, is released this <u>JU</u>

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. Yolanda Jaime STATE OF INDIANA 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 2 Notary Public A Resident of *Mall* County My Commission Expires: Official Seal 1 lauch 24,2019 LISA M STONE
Resident of Lake County IN
My commission expires (SEAL NOIAH 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 **AMOUNT \$** CASH. CHECK# **OVERAGE** 7777-195165 COPY\_ NON-COM CLERK\_