

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 042806

2012 JUN 28 AM 11:34

MICHELLE FAJMAN
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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against TORIA PANAMA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of July, 2011, and recorded on the 10th day of August, 2011 (as instrument number 2011-042904), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TORIA PANAMA, in the amount of Eight Hundred Fifteen (\$815 00) Dollars, is released this 26th 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: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 25th day of June, 2012

[Signature]
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 reflect each social security number in this document, unless required by law

This instrument Prepared By: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 18100
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

7777-194961