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ALE OF INDIANA FILED FOR RECORD

2012 JUN 28 AM 11: 34

MICHL · FAJMAN

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 JULIE C DANIELS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of March, 2011, and recorded on the 29th day of March, 2011 (as instrument number 2011-018030), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JULIE C</u> <u>DANIELS</u>, in the amount of <u>Six Hundred Seventy Seven</u> (\$677 00) Dollars, is released this 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. HODIST HOSPITALS, INC nda Jaime STATE OF INDIANA 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 oland Jaime Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of Yall Count Official Seal My Commission Expires.

Manch 24, 2019 LISA M STONE
Resident of Lake County IN (SEAL 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 AMOUNT \$. **CHARGE** CASH. CHECK # OVERAGE, COPY_

> NON-COM CLERK.

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