

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 042811

2012 JUN 28 AM 11:34

MICHELLE D. 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 ROBERT J WOLF, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of February, 2012, and recorded on the 6th day of March, 2012 (as instrument number 2012-015805), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROBERT J WOLF, in the amount of Two Thousand Five Hundred Forty Two and 50/100 (\$2,542.50) Dollars, is released this 26<sup>th</sup> 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 26<sup>th</sup> day of June, 2012.

[Signature]  
Notary Public  
A Resident of Laure 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: [Signature]  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

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

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