LAKE COUNTY FILED FOR RECORD

2012 059289

2017 AUG 31 AM 10: 09

MICTION FAJMAN
RECURDER
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 Hospita	al Lean by THE METHODIST HOSDITALS, DIS
Northlake Campus, 600 Grant Street, G	al Lien by THE METHODIST HOSPITALS, INC., ary, Indiana 46402, against <u>DYLON D COLLINS</u> ,
represented by the Sworn Statement Of	Notice Of Intention To Hold Hospital Lien which was
executed on the 14th day of May, 2012,	and recorded on the 30th day of May, 2012 (as
instrument number 2012-036099), in the	e Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for ho	ospital care, treatment and maintenance of DYLON D
COLLINS, in the amount of Six Hundre	ed Seventy-Five and 00/100 (\$675.00) Dollars, is released
this 30th day of	2012FFICIAL!
In the event full payment of the hospit	al charges has not been received, The Methodist
Hospitals, Inc. specifically reserves all r	ights it may have to collect the balance due.
	THE METHODIST HOSPITALS, INC.
	The state of the s
	BY:
	Polanda Jaume
STATE OF INDIANA )	
) SS.	
COUNTY OF LAKE	
Volanda Jame, being the Service Uni	Manager for the Northlake Campus of The Methodist
Hospitals, Inc., being duly sworn upon h	ier oath, says that the facts stated in the foregoing are true
and correct.	and its states in the foregoing are true
	Yolandy Jaime
Subscribed and sworn to before me, a Notary Public, this and day of word, 2012.  Notary Public  A Resident of May County	
substitute and sworm to before me, a	day of <u>(1000)</u> , 2012.
	Tring M. STONC
	Notary Public
My Commission Expires:	A Resident of Viving County
March 24, 2019	Official Seal LISA M STONE
,	(SEAL) Resident of Lake County, IN My conmission expires
I affirm under the penalties for many	March 24, 2019
security number in this document, unless	that I have taken reasonable care to redact each social
•	5 2 2
This instrument Prepared By:	and on
	Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410	
	AMOUNT \$
(	CASH CHARGE
	CHECK # 1800 1 OVERAGE
	COPY
	NON-COM
	CLERK
	E