TATE OF INDIANA

_AKE COUNTY
FILED FOR RECORD

2012 059297

2012 AUG 31 AM 10: 09

MICH 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 WARREN COLEMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was e Π a tl

executed on the 9th day of June, 2011, and recorded on the 19th day of July, 2011 (as instrument
number 2011-039078), in the Office of the Recorder of Lake County, Indiana, for the reasonable
and necessary charges for hospital care, treatment and maintenance of WARREN COLEMAN, in
the amount of Nine Thousand Six Hundred Forty-Nine and 25/100 (\$9,649.25) Dollars, is
released this 30th day of 12012. CIAL!
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.
Aplanda Jaime
STATE OF INDIANA)
) SS:
COUNTY OF LAKE
COUNTY OF EARLY
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist
Hospitals, Inc., being duly sworn upon her cath, says that the facts stated in the foregoing are true
and correct.
CALLE A
Yolanda Jaime
STA N. 1
Subscribed and sworn to before me, a Notary Public, this 27 day of My 2012.
Busa Mistone
Notory Dublio
A Resident of <u>Nume</u> County
My Commission Expires:
March 34, 2019 Official Seal LISA M STONE
Resident of Lake County, In 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
17 -
AMOUNT \$
CASHCHARGE
7777-194397 CHECK# 1890

CHECK #. OVERAGE_ COPY_ NON-COM. CLERK_