

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059300

2012 AUG 31 AM 10:09

MICHAEL 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against SHACOLE HAYES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of December, 2009, and recorded on the 30th day of December, 2009 (as instrument number 2009-086520), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHACOLE HAYES, in the amount of One Thousand Two Hundred Twenty Nine (\$1,229.00) Dollars, is released this 30th day of August, 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 Northlake 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 27th day of August, 2012.

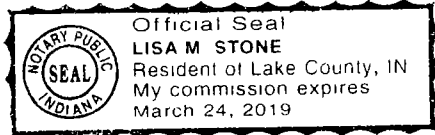
Lisa M. Stone

Notary Public

A Resident of Barre 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 # 18207
OVERAGE _____
COPY _____
NON-COM _____
CLERK UC

7777-179231

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