1,41E OF INDIANA LAKE COUNTY FILED FOR RECORD

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2017 AUG 31 AH 10: 09

Michi ? 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, 8701 Broadway, Merrillville, Indiana 46410, against <u>BRENDA MCDANIEL</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was

executed on the 30th day of January, 2012, and recorded on the 17th day of February, 2012 (as
instrument number 2012-012471), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of BRENDA
MCDANIEL, in the amount of Seventeen Thousand Eight Hundred Eighty (\$17,886.59) Dollars,
is released this 30th day of 100 2012. A 1
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: 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. Yoland Naime
Subscribed and sworn to before me, a Notary Public, this 27 day of Quest, 2012
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Notary Public
A Deviled of Full and a second
My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires: My Commission expire 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 & Files
Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
/ \
AMOUNT \$
CASHCHARGE CHECK #(X_DD_)

OVERAGE. COPY_

NON-COM_ CLERK_

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