

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 059303

2012 AUG 31 AM 10:10

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 VERONICA Y WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of September, 2010, and recorded on the 14th day of October, 2010 (as instrument number 2010-059490), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of VERONICA Y WILLIAMS, in the amount of One Thousand One Hundred Fifteen (\$1,115 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.

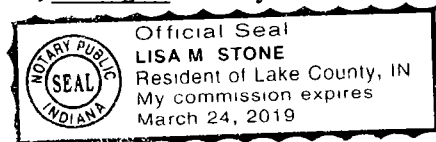
[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 27th day of August, 2012.

[Signature]  
Notary Public  
A Resident of Lake 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 \$ 12.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 18207  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK UC

2222-186330

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