AKE COUNTY FILED FOR RECORD

2012 059304

2017 AUG 31 AM 10: 10

MICH 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>JOANNE POWELL</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was e: 11 r <u>P</u> r

executed on the 9th day of September, 2011, and recorded on the 28th day of September, 2011 (as
instrument number 2011-053666), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of JOANNE
POWELL, in the amount of Three Thousand Forty-Eight and 50/100 (\$3,048.50) Dollars, is
released this day of August 2012.
TWO OF TICIAL:
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 Lake County Recorder!
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.
Yolanda Jame
Total de la companya
Subscribed and sworn to before me, a Notary Public, this 27 day of (Mount, 2012.
Substituted and sworn to before me, a reduct of the time, times of day of (1000), 2012.
Lina M Stana
Notary Public
A Resident of Auto County
My Commission Expires:
Mach 2019  LISA M STONE Resident of Lake County, IN
Wy Commission expires
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.
becarity number in this decantent, almoss required by law.
This instrument Prepared By:
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410
• 1 _
AMOUNT \$CHARGE
7777-196704 CASHCHARGE
// / / / / / / / / / / / / / / / / / /

OVERAGE. COPY\_ NON-COM\_ CLERK.