STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

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MICHAEL L. BROWN

RETURN TO: HODGES & DANKS, Telc.

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 JENNIFER DOMINIAK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15th day of October, 2012, and recorded on the 7th day of November, 2012 (as instrument number 2012-078863), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JENNIFER</u> <u>DOMINIAK</u>, in the amount of <u>Two Thousand One Hundred Sixty-Nine and 50/100</u> (\$2,169.50)

Dollars, is released this 14th day of 12013. 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. Yolanda Jaime STATE OF INDIANA 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. day of MIGACIA Subscribed and sworn to before me, a Notary Public Notary Public A Resident of <u>NUM</u> County My Commission Expires: Official Seal LISA M. STONE Resident of Lake Granty, IN (SEAI 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 **AMOUNT \$** CASH. 7777-209184 CHECK# **OVERAGE** COPY_ NON-COM