

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 019614

2013 MAR 14 AM 11:19

RETURN TO: HODGES & DAVIS, P.C.
Attorney 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 LORI FUENTES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of April, 2012, and recorded on the 30th day of April, 2012 (as instrument number 2012-028640), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LORI FUENTES, in the amount of Six Hundred Thirty-Five and 00/100 (\$635.00) Dollars, is released this 14th day of March, 2013.

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)

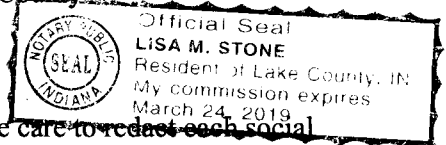
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 8th day of March, 2013.

Lisa M. Stone
Notary Public
A Resident of Laurel County

My Commission Expires:
March 24, 2019



I affirm, under the penalties for perjury, that I have taken reasonable care to read 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 CHARGE
CHECK # 18647
OVERAGE
COPY
NON-COM
CLERK

7777-202461

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