STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 021096

2013 MAR 20 AM 11:27

MICHAEL B. BROWN
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 PETER JIDEONWO JR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of November, 2012, and recorded on the 16th day of November, 2012 (as instrument number 2012-081339), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of PETER JIDEONWO JR, in the amount of Five Hundred Sixty and 00/100 ($560.00) Dollars, is released this 19th 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 18th day of March, 2013.

Lisa M. Stone
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2019

Official Seal
LISA M. STONE
Resident of Lake County, IN
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 $ 12-
CASH ____ CHARGE ____
CHECK # 186664
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____

7777-209794

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