STATE OF INDIAM. LAKE COUNTY FILED FOR RECORD

2013 022753

2013 MAR 27 AM 11: 36

MICHALL LINUWN 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against BETTYE J BONDS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of July, 2012, and recorded on the 3rd day of August, 2012 (as instrument number 2012-052127), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BETTYE J BONDS, in the amount of Three Thousand Three Hundred Ninety and 00/100 (\$3,390.00)

Dollars, is released this Hot day of ______ 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. Yelanda 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 path, says that the facts stated in the foregoing are true and correct. olanda Jaime day of March , 2013. Subscribed and sworn to before me, a Notary Public, this 20 Notary Public A Resident of _County My Commission Expires: LISA M. STONE

Resident of Lake County, IN
My commission expires landn 24,2019 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 \$. CHARGE CASH.

CHECK #. 1867

7777-205216 **OVERAGE** COPY_

NON-COM CLERK.