STATE OF INDIAGO LAKE COUNTY FILED FOR RECORD

2013 029907

2013 APR 26 PM 12: 06

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against AMANDA N HORTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of February, 2013, and recorded on the 18th day of March, 2013 (as instrument number 2013-020383), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of AMANDA N HORTON, in the amount of Five Hundred Ninety-Three and 00/100 (\$593.00) Dollars, is released this

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:

Volanda Vaime

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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this day of _______, 2013.

Notary Public A Resident of <u>Falle</u> County

My Commission Expires:

manch 24, 2019

SEAL STAN STONE
Resident of Lake Commission expenses
March 24, 2019

Official Seal

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

7777-213163

AMOUNT \$ CHARGE CHECK # VIT & CHECK # OVERAGE COPY NON-COM CLERK