

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 050659

2013 JUL 12 PM 12:58

MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & ~~SONS~~ 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 ANTHONY ANDERSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of May, 2009, and recorded on the 14th day of May, 2009 (as instrument number 2009-032499), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTHONY ANDERSON, in the amount of Two Thousand One Hundred Four and 75/100 (\$2,104.75) Dollars, is released this 11th day of July, 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 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.

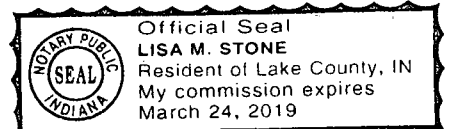
Yolanda Jaime

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

Lisa M. Stone
Notary Public
A Resident of Lake County

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

Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 18945
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____ Em

7777-175377

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