STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

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RETURN TO: HODGES & DAVIS, P.C.
Attorney Sat May 5. BROWN
8700 Broadwa CORDER

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 DESTINY COOLEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of April, 2013, and recorded on the 20th day of May, 2013 (as instrument number 2013-036245), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DESTINY</u> <u>COOLEY</u>, in the amount of <u>One Thousand Sixteen and 00/100</u> (\$1,016.75) Dollars, is released

In the event full payment of the hospital charges to collect the balance due.

this I day of not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have HOSPITALS, INC. 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. Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of My Commission Expires: Official Seal Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 VMarch 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 \$. CASH.

7777-215075

CHECK# OVERAGE. COPY\_ NON-COM CLERK.