2013 054238

LAKE COUNTY FILED FOR RECORD

2013 JUL 25 AM 8: 32

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 JAIRENMES BOZEMAN-R W as in re  $\mathbf{B}$ (5

ROBINSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien
which was executed on the 21st day of May, 2013, and recorded on the 26th day of June, 2013 (as
instrument number 2012-042263), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of JAIRENMES
BOZEMAN-ROBINSON, in the amount of Three Thousand Four Hundred Six and 75/100
(\$3,406.75) Dollars, is released this 23 day of , 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.
THE MERIODIST HOSPITALS, INC.
BY:
Yollanda Jaime
STATE OF INDIANA )
) SS:
COUNTY OF LAKE )
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.
and correct.
Yolanda Jaime
Totaling Jaille
Subscribed and sworn to before me, a Notary Public, this day of July, 2013.
Subscribed and sworn to before me, a Notary Public, this 18 day of 4 day of 2013.
Lun in Chain
Notary Public
A Resident of JUNY County
My Commission Expires:
The commodition of the continuation of the con
VI I I I I I I I I I I I I I I I I I I
(SEAL) Resident of Lake County the
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 \$ 2
ANDUN I Designation of the Control o

7777-203345.001

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

