2013 056542

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 AUG -1 AM 9:06

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 JESSICA LOPEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of March, 2012, and recorded on the 27th day of March, 2012 (as instrument number 2012-021345), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JESSICA LOPEZ, in the amount of Fifteen Thousand One Hundred Twenty-Eight and 50/100 ($15,128.50) Dollars, is released this 30th day of July, 2013.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

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 26 day of July, 2013.

Official Seal
JUDY C. RATHJEN
Resident of Lake County, IN
My commission expires
July 13, 2016

_____
Notary Public
A Resident of Lake County

My Commission Expires:

July 13, 2016

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

7777-201422

AMOUNT $ 12
CASH ____ CHARGE ____
CHECK # 18993
OVERAGE ____
COPY ____
NON-COM ____
CLERK TCC