STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 056562   2013 AUG -1 AM 9:10

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>DIANA NEFF</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>24th</u> day of <u>June, 2013,</u> and recorded on the <u>28th</u> day of <u>June, 2013</u> (as instrument number <u>2013-047583</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DIANA NEFF</u>, in the amount of <u>Five Hundred Ninety-Three and 00/100 ($593.00)</u> Dollars, is released this ___ 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.

BY: _____
Yolanda Jaime

STATE OF INDIANA   )
) SS:
COUNTY OF LAKE   )

<u>Yolanda Jaime,</u> being the <u>Service Unit Manager</u> for the Southlake 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 24 day of July , 2013.

_____
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

AMOUNT $ 12 -
CASH_____ CHARGE_____
CHECK #___18994
OVERAGE_____
COPY_____
NON-COM_____
CLERK YC

7777-216675