

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 088918

2013 DEC -3 PM 2:05

MICHAEL B. BROWN
RECORDED

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 LATRICIA A TURNER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of March, 2010, and recorded on the 19th day of March, 2010 (as instrument number 2010-016021), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LATRICIA A TURNER, in the amount of One Thousand Six Hundred Fifty Three (\$1,653.00) Dollars, is released this 2nd day of December, 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.

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

THE METHODIST HOSPITALS, INC.

BY: [Signature]
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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 25th day of November, 2013.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:

March 24, 2019

Official Seal
NOTARY PUBLIC
LISA M. STONE
Resident of Lake County, IN
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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-181341

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 19291
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]
E