STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 088920

2013 DEC -3 PM 2: 06

RETURN TO: HODGES & DAWIS, P.C. Actomes Bat 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 ABRAHAM MOSLEY JR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of September, 2013, and recorded on the 4th day of October, 2013 (as instrument number 2013-073248), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ABRAHAM

is released this day of 1 (2013.	ars,
is released tills and day of the carry of th	
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.	
A A	
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 Methodis	nt.
Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are	
and correct.	irac
Yolanda Jaime	
Subscribed and sworn to before me, a Notary Public, this 25 day of November, 2013.	
June M. Stone	
Notary Public	
A Resident of County	
My Commission Expires: Official Seal LISA M. STONE	
Mules 24 2019 Resident of Lake County, IN My commission expires	
March 24, 2019	in the second
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each socia	1
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. 7777-219720 CHECK # OVERAGE

COPY_ NON-COM CLERK.