

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091399

2013 DEC 13 AM 11:31

RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

MICHAEL B. BROWN
RECORDER

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 ALISHA M COLEMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of September, 2010, and recorded on the 14th day of October, 2010 (as instrument number 2010-059491), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALISHA M COLEMAN, in the amount of One Thousand Seven Hundred Ninety-Two and 75/100 (\$1,792.75) Dollars, is released this 11th day of December, 2013.

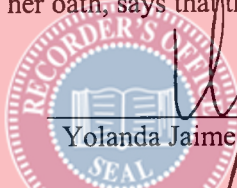
This Document is the property of
the Lake County Recorder!

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

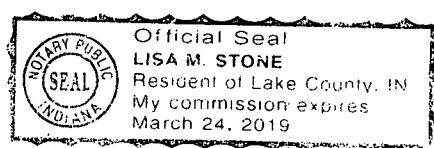
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 9th day of December, 2013.

[Signature]
Notary Public
A Resident of Lane County

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

AMOUNT \$ 12
CASH CHARGE
CHECK # 19310
OVERAGE _____
COPY _____
NON-COM _____
CLERK M-E
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7777-186316