STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 091401

2013 DEC 13 AM 11: 31

MICHAEL B. BROWN

RETURN TO: HODGES & DANKS, 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 ANGELA RODRIGUEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of June, 2013, and recorded on the 28th day of June, 2013 (as instrument number 2013-047582), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of

ANGELA RODRIGUEZ, in the amount of One Thousand Three Hundred Seven (\$1,307.00)
Dollars, is released this 17 day of 10 cent 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
Yolanda Jaime, being the Service Unit Manager 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 day of December, 2013.
Notary Public  A Resident of Sure County
My Commission Expires:  Official Seal LISA M. STONE Resident of Lake County. In My commission expires
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 \$  CASHCHARGE CHECK # _ / 9 3 ( 0