STATE OF INDIANCE LAKE COUNTY FILED FOR RECORD

2013 091404

2013 DEC 13 AM 11: 31

MICHAEL B. BROWN

RETURN TO: HODGES & DARBER.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 CHARLES TINSLEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of September, 2008, and recorded on the 30th day of September, 2008 (as instrument number 2008-067847), in the Office of the Recorder of Lake County, Indiana, for

the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CHARLES</u> <u>TINSLEY</u>, in the amount of <u>One Thousand Three Hundred Twenty Four</u> (\$1,324.00) Dollars, is released this 1/1 day of Docomb the Lake (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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public, this Notary Public Sane County A Resident of / Official Seal LISA M. STONE SEAL 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:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

7777-168561

AMOUNT \$ CASH-CHECK # **OVERAGE** COPY. NON-COM CLERK.