

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 001032

2014 JAN -9 PM 2: 22

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against JOANN STEWART, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22nd day of February, 2013, and recorded on the 14th day of March, 2013 (as instrument number 2013-019695), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOANN STEWART, in the amount of Six Hundred Thirteen and 00/100 (\$613.00) Dollars, is released this 8th day of January, 2014.

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: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

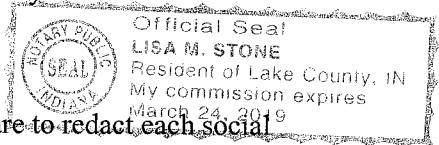
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 23rd day of December, 2013.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2019



I affirm, under the penalties of 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

7777-213143

AMOUNT \$ 12
CHARGE 19365
DATE 1/8/14
INITIALS EM
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