STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 001034

2014 JAN -9 PM 2: 22

MICHAEL B. BROWN

RETURN TO: HODGES & DARISONOER

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 BELINDA F JOHNSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of March, 2013, and recorded on the 5th day of April, 2013 (as instrument number 2013-024806), in the Office of the Recorder of Lake County, Indiana, for t] Ē r

the reasonable and necessary charges for hospital care, treatment and maintenance of <u>BELINDA</u> F JOHNSON, in the amount of <u>One Thousand Eighty Seven and 25/100</u> (\$1,087.25) Dollars, is
released this 8th day of 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: 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  Notary Public  A Resident of Mall  Notary Public  A Resident of Mall  Official Seal  LISA M. STONE  Hesident 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 \$ CHARGE

CHECK#. OVERAGE

COPY\_ NON-COM. CLERK\_

7777-213736