STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 006215

2014 JAN 31 PM 1:41

MICHAEL B. BROWN

RETURN TO: HODGESTE CONDER.C.

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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 RAMOND LINDSEY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of April, 2013, and recorded on the 20th day of May, 2013 (as instrument number 2013-036232), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>RAMOND</u> <u>LINDSEY</u>, in the amount of <u>Fourteen Thousand Eighty Four and 25/100</u> (\$14,084.25) Dollars, is released this 20 th day of the Lake THE METHODIST HOSPITALS, INC. Yolanda J 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 Notary Public A Resident of  $\mathcal{L}$ County My Commission Expires: Official Seal LISA M. STONE Resident of Lake County, IN SEAL My commission expires March 24, 2019

security number in this document, unless required by law.

This instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social

#7777-215144

AMOUNT \$ CHARGE CHECK # 19422 OVERAGE COPY NON-COM CLERK