STATE OF INDIAMS
LAKE COUNTY
FILED FOR RECORD

2014 006221

2014 JAN 31 PM 1:42

RETURN TO: HODGE MODIANIS, B. GROWN
Attorneys at LRE CORDER
8700 Broadway

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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 EDWARD PARHAM, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of July, 2011, and recorded on the 17th day of August, 2011 (as instrument number 2011-044140), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of EDWARD PARNAM, in the amount of Eight Hundred Eight (\$808.00) Dollars, is released this 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 Lake	County Recor	der	
		THE METHODISTA	OSPITALS, INC.	
		BY:		
		Yolanda Jame		
STATE OF IND	IANA) SS:			
COUNTY OF LA				
Yolanda Jaime	, being the Service Uni	t Manager for the North	lake Campus of The I	M

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 Jame

Subscribed and sworn to before me, a Notary Public, this day of January 2014.

Notary Public A Resident of MUL County

My Commission Expires:

March 24, 2019

Official Seal
LISA M. STONE
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

#7777-195482

AMOUNT \$	12
CASH	CHARGE
CHECK#	19422
OVERAGE_	
COPY	
NON-COM_	1 0
CLERK	
	F