STATE OF INDIANA FILED FOR RECORD

2014 006226

2014 JAN 31 PM 1: 42

RETURN TO: HODGES & RETURN TO: 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 FINNELL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of June, 2010, and recorded on the 28th day of June, 2010 (as instrument number 2010-036842), 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>EINNELL</u>, in the amount of <u>One Thousand Twenty Four</u> (\$1,024.00) Dollars, is released this an 1 2014.

In the event ful 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. Jai

STATE OF INDIANA

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

My Commission Expires:

Ench ay, 2019

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 (SEAL

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

2222-183739

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