

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006231

2014 JAN 31 PM 1:42

RETURN TO: HODGES & BROWN
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

MICHAEL B. BROWN
RECORDER

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 TONYA THOMAS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of November, 2013, and recorded on the 20th day of December, 2013 (as instrument number 2013-093094), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TONYA THOMAS, in the amount of One Thousand Three Hundred Twenty Six (\$1,326.00) Dollars, is released this 30th 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)

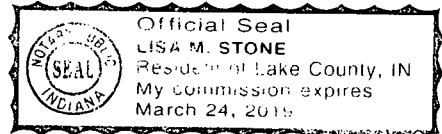
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 29th day of January, 2014.

Lisa M Stone
Notary Public
A Resident of Lake County

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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-219518.003

AMOUNT \$ 12
CASH CHARGE
CHECK # 19422
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]