STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 009281

2014 FEB 18 PM 1: 18

MICHAEL B. BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C.

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 GERARD MAGEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of January, 2012, and recorded on the 21st day of February, 2012 (as instrument number 2012-012872), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>GERARD</u> <u>MAGEE</u>, in the amount of <u>Eight Thousand Seven Hundred and 50/100</u> (\$8,700.50) Dollars, is released this 414 day of

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. olanda Jaime

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.

Yolanda Zime

A Resident of

Subscribed and sworn to before me, a Notary Public,

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Notary Public Sall County

My Commission Expires:

March 24, 2019

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

CASH CHECK#

OVERAGE COPY_

NON-COM

CLERK.

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