

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 009286

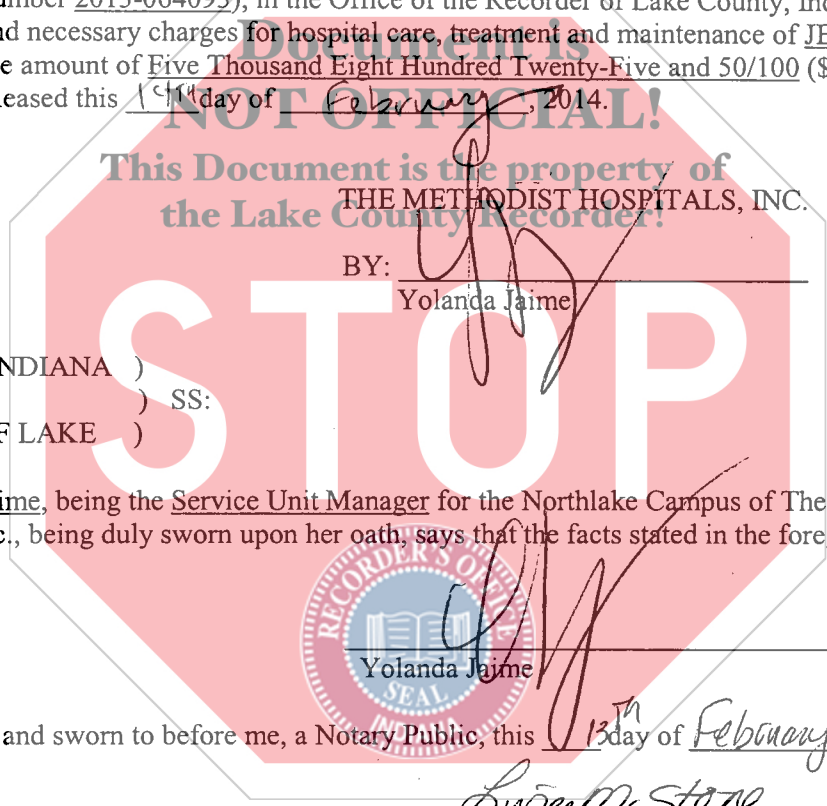
2014 FEB 18 PM 1:18

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 JEANETTE WADE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of August, 2013, and recorded on the 30th day of August, 2013 (as instrument number 2013-064093), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JEANETTE WADE, in the amount of Five Thousand Eight Hundred Twenty-Five and 50/100 (\$5,825.50) Dollars, is released this 13th day of February, 2014.



This Document is the property of
the Lake County Recorder!

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 13th day of February, 2014.

[Signature]
Notary Public
A Resident of Law 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

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 19454
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

7777-218625