STATE OF INDIA FILED FOR RECORD

2014 011319

2014 FEB 26 AM 11:31

MICHAEL B. BROWN

RETURN TO: HODGES CORVERP.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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against DANIELLE REGES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of July, 2013, and recorded on the 20th day of July, 2013 (as instrument number 2011-039387), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DANIELLE REGES</u>, in the amount of <u>Two Thousand Four Hundred Thirty-Five</u> (\$2,435.00) Dollars, is released this 24 day of Le hou aren 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.

METHODIST HOSPITALS, INC. THE BY nda Jaime STATE OF INDIANA SS: COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Southlake 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 Jai

Subscribed and sworn to before me, a Notary Public, this 20 day of

> Notary Public A Resident of County Official Seal I ISA M. STONE

> > (SEAL

My Commission Expires: Marchal, o

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

AMOUNT \$

188939.002

May Street S

CHECK # 1946 OVERAGE COPY-NON-COM CLERK.