

2014 011320

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 FEB 26 AM 11:31

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 DON A MINCY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of October, 2011, and recorded on the 20th day of October, 2011 (as instrument number 2011-058272), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DON A MINCY, in the amount of Six Thousand Eight Hundred Fifty-Eight and 25/100 (\$6,858.25) Dollars, is released this 24th day of February, 2013.

**NOT OFFICIAL!**  
This Document is the property of  
THE METHODIST HOSPITALS, INC.  
of the Lake County Recorder.

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

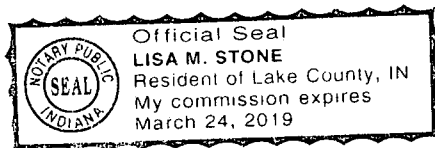
Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 20th day of February, 2013.

[Signature]  
Notary Public  
A Resident of Barre 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 # 19465  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]  
E

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