STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2014 011332

2014 FEB 26 AM 11:31

RETURN TO: HODGES & DAVIS, P.C. Attorneys at LLL R 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 ALEXIS MARSHALL,   |
|--|
| represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was  |
| executed on the 22nd day of November, 2013, and recorded on the 18th day of December, 2013                                       |
| as instrument number 2013-092269), in the Office of the Recorder of Lake County, Indiana, for                                    |
| he reasonable and necessary charges for hospital care, treatment and maintenance of ALEXIS                                       |
| MARSHALL, in the amount of One Thousand Two Hundred Fifty and 00/10 (\$1,250.00)  Dollars, is released this Atlay of Lower 2014. |
| Johans, is released this of that of the 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 Lake County Recorder!  |
| THE METHODIST HOSPITALS, INC.  |
|  |
| BY:  |
| Volaffia 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.   |
| and contest.   |
|  |
| Yolanda Jairne   |
| The Cabour of  |
| Subscribed and sworn to before me, a Notary Public, this of day of February 2014.  |
| Land MeStono   |
| Notary Public  |
| A Resident of AUL County   |
| My Commission Expires:  Official Seal  |
| T//(MA/D )1/ >(//9) 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:  Finds F. Hites, Attorney at Law  |
| Earle F. Hites, Attorney at Law<br>8700 Broadway, Merrillville, IN 46410   |
| 6/00 bloadway, Mellinivine, it 40410   |
|  |
| AMOUNT \$  |
| CASHCIIARGE  |
| CHECK#/ YT VJ  |

7777-222132

OVERAGE COPY, NON-COM CLERK