STATE OF INDIAM

LAKE COUNTY
FILED FOR RECORD

2014 014931

2014 MAR 13 AM 11: 38

MICHAEL 8. 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 <u>JASIMINE SCOTT</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which

executed on the 9th day of September, 2013, and recorded on the 2013-069006 day of September 2013 (as instrument number 2013-069006), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JASIMINE SCOTT, in the amount of Fifteen Thousand Seven Hundred Twenty-One (\$15,721.00) Dollars, is released this
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. BY: 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. Yolanda Jaime Subscribed and sworn to before me, a Notary Public this 3 day of March, 2014.
Auig M. Store Notary Public
A Resident of Mul County My Commission Expires:
March 24, 2019 Official Seal LISA M. STONE 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
7777-219470 AMOUNTS J CASH GWARGE CHECK# (150)

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NON-COM_