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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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>SANDRA D MAYS</u> , represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>13th</u> day of <u>February</u> , 2013, and recorded on the <u>5th</u> day of <u>March</u> , 2013 (as instrument number 2013-016676), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>SANDRA D</u> MAYS, in the amount of One Thousand Two Hundred Sixty I wo and 25/100 (\$1,262.25) Dollars, is released this Aday of Thousand Two Hundred Sixty I wo and 25/100 (\$1,262.25)
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 confect the balance due.
the Lake County Recorder!
THE METHODIST HOSPITALS, INC. BY: Yolanda Jaime
STATE OF INDIANA)
COUNTY OF LAKE
Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sword upon her eath, says that the facts stated in the foregoing are true and correct. Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sword upon her eath, says that the facts stated in the foregoing are true and correct.
Subscribed and sworn to before me, a Notary Public, this day of the control of th
My Commission Expires:
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: Eärle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
#2222-212891

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AMOUNT \$.

CHECK #_ OVERAGE

COPY___ NON-COM_ CLERK___