

2016 005150

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 JAN 22 PM 1:19

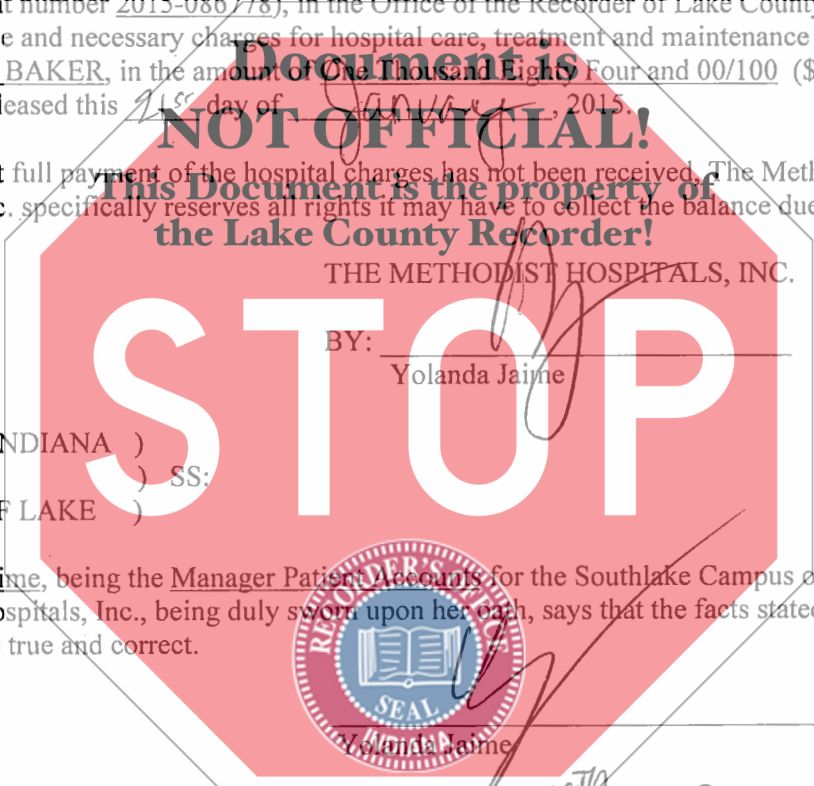
MICHAEL B. BROWN  
RECORDER

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 JOSEPHINE BAKER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of December, 2015, and recorded on the 23rd day of December, 2015 (as instrument number 2015-086778), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOSEPHINE BAKER, in the amount of One thousand Eighty Four and 00/100 (\$1,084.00) Dollars, is released this 21st day of January, 2015.

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.



STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

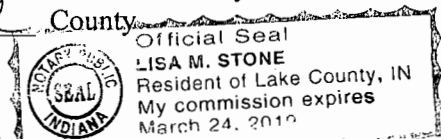
Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 18th day of January, 2015.

Lisa M. Stone  
Notary Public  
A Resident of Lake 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: Earle F. Hites  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

7777-246048

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20760  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK \_\_\_\_\_

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