STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 012671

2016 MAR -1 PM 2:23

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 MIGUEL ALCANTAR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of March, 2015, and recorded on the 2015-014781 day of 2nd (as instrument number March, 2015), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MIGUEL ALCANTAR, in the amount of Three Thousand Eight Hundred Fifty-Six and 50/100 ($3,856.50) Dollars, is released this 1st day of March, 2016.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
STOP

THE METHODIST HOSPITALS, INC.

BY: _____
Yolanda Jaime

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.

_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 29th day of February, 2015.

_____
Lisa M. Stone
Notary Public

A Resident of Lake 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

7777-237631

AMOUNT $ 12-
CASH ____ CHARGE ____
CHECK # 208226
OVERAGE ____
COPY ____
NON-COM ____
CLERK DD
E