STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2016 012678

2016 MAR -1 PM 2: 23

MICHAEL 5. BROWN 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 VIVIAN ALVARADO, 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 22nd day of December, 2015 (as instrument number 2015-085827), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>VIVIAN</u> <u>ALVARADO</u>, in the amount of <u>Four Phousand Two Hundred Ninety One and 50/100</u> (\$4,291.50) Dollars, is rele

In the event full payme. Hospitals, Inc. specifical eived. The Methodist the balance due. the Lake County THODIST HOSPITALS, INC Yolanda Jaime STATE OF INDIANA COUNTY OF LAKE Yolanda Jaine, being the Manager Patient Accourts 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. da Jaime Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of County My Commission Expires: Official Seal LISA M. STONE Resident of Lake County, IN Money 24, 2019 My commission expires March 24, 2019 SEAL 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

7777-246037

AMOUNT \$ CASH. CHECK# OVERAGE COPY-NON-COM CLERK.