

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 012690

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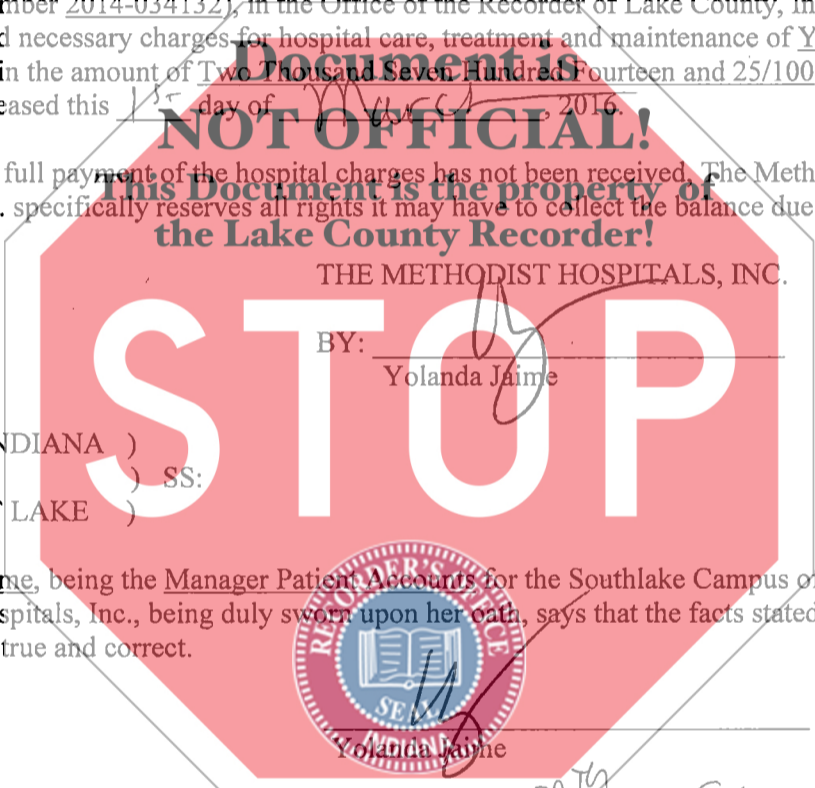
MICHAEL B. BROWN
RECORDER

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 YOLANDA PACE-RAY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of May, 2014, and recorded on the 13th day of June, 2014 (as instrument number 2014-034132), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of YOLANDA PACE-RAY, in the amount of Two Thousand Seven Hundred Fourteen and 25/100 (\$2,714.25) Dollars, is released this 15 day of YANUARY, 2016.

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: [Signature]
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.



Subscribed and sworn to before me, a Notary Public, this 29th day of February, 2016.

Lisa M. Stone
Notary Public
A Resident of Lane County

My Commission Expires: March 24, 2019



I affirm, under the penalties for perjury, that I have taken reasonable care to verify each Social security number in this document, unless required by law.

This instrument Prepared By: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-228456

AMOUNT \$ 12 -
CASH _____ CHARGE _____
CHECK # 20826
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]