2016 015558

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 MAR 16 PM 1:01

CHAEL 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against GLADIMARY LOZANOS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was In the event full payment ved, The Methodist he balance due.

executed on the 5th day of May, 2014, and recorded on the 4th day of June, 2014 (as instrument number 2014-032244), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GLADIMARY LOZANOS, in the amount of Seven Thousand Four Hundred Eighty One and 75/100 (\$7,481.75) Dollars, is released this Hospitals, Inc. specifical THE METHODIST HOSPITALS, INC. Yolanda Jaim STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Manager Patient Accounts 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. Subscribed and sworn to before me, a Notary Public, this 14 day of March, 2016. Notary Public A Resident of (/)4/N County My Commission Expires: Official Seal March 24, 2019 SEAL

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

7777-228017.002

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