STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2016 019100

2016 MAR 28 PM 1: 14

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against JULIA K SNORECK, 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 2015-086779), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JULIA K SNORECK</u>, in the amount of One Thousand One Hundred Fifty Three (\$1,153.00) Dollars, is released this 25th day of

In the event full payment Hospitals, Inc. specifically ved, The Methodist he balance due. the Lake County

THE METHODIST HOSPITALS, INC. Yolanda Jaime 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 ber oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public Lake County A Resident of My Commission Expires Apr 23, 2022 My Commission Expires:

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

#7777-246049

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