2016 019103

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 MAR 28 PM 1: 15

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 TAMMY FUNSTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of September, 2011, and recorded on the 4th day of October, 2011 (as instrument number 2011-054807), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TAMMY FUNSTON, in the amount of One Thousand Two Hundred Eight and 25/100 ($1,208.25) Dollars, is released this 25th day of March, 2016.
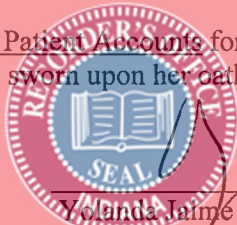
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: _____
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 25th day of March, 2016.

_____
Notary Public

A Resident of Lake County

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires:
April 23, 2022

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

#7777-196729

AMOUNT $ 12 —
CASH_____ CHARGE_____
CHECK #_____ 208768
OVERAGE_____ E
COPY_____
NON-COM_____
CLERK_____