

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 019105

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 ORLANDO TURNER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22nd day of January, 2016, and recorded on the 28th day of January, 2016 (as instrument number 2016-006427), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ORLANDO TURNER, in the amount of ~~Six Thousand Eight Hundred Seventy Two (\$6,872.00) 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.

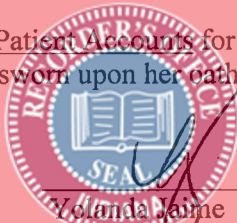
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THE METHODIST HOSPITALS, INC.

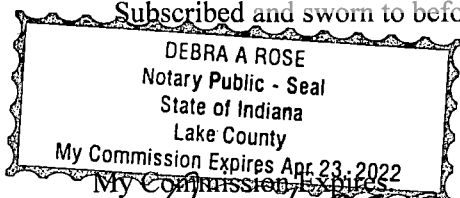
BY: Yolanda Jaime

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.



Subscribed and sworn to before me, a Notary Public, this 25th day of March, 2016.



Debra A Rose  
Notary Public  
A Resident of Lake County

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  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#7777-247213

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20868  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK EV