

STATE OF INDIANA  
LAKE COUNTY  
FILED RECORDER

2016 035030

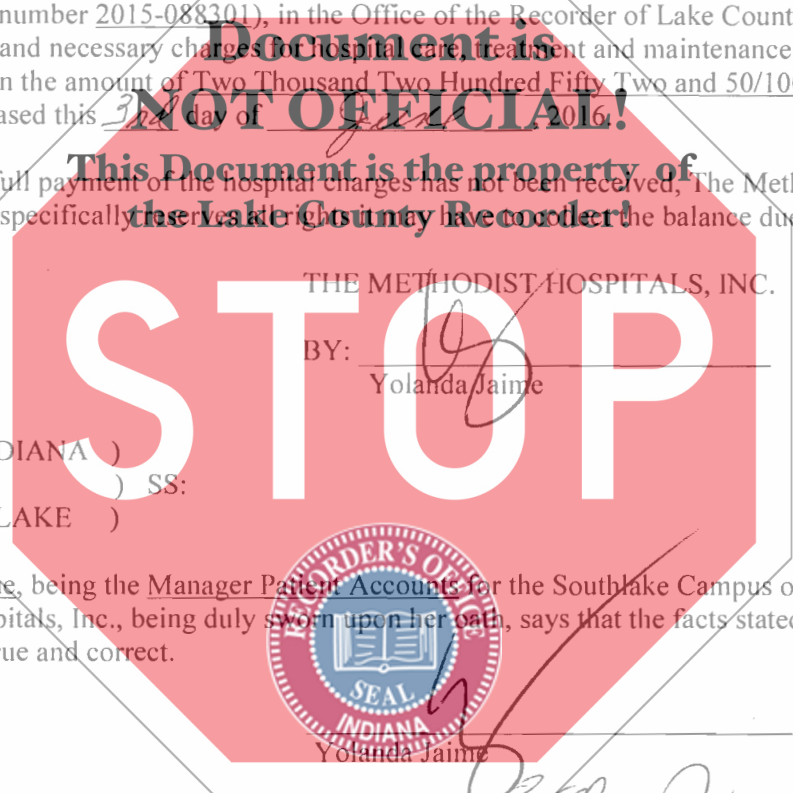
2016 JUN -7 PM 1:14

RETURN TO: **MICHAEL B. BROWN**  
**REORDER**  
HODGES & DA  
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 JASON E ASHCRAFT, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of December, 2015, and recorded on the 30th day of December, 2015 (as instrument number 2015-088301), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JASON E ASHCRAFT, in the amount of Two Thousand Two Hundred Fifty Two and 50/100 (\$2,252.50) Dollars, is released this 3rd day of June, 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.

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

Subscribed and sworn to before me, a Notary Public, this 3rd day of June, 2016.  
Debra 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

7777-246471

12-  
AMOUNT \_\_\_\_\_  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20977  
BY TRACE \_\_\_\_\_ E  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLEAN \_\_\_\_\_ cr