STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 036788

2016 JUN 14 PM 12: 39

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 RONALD E SANDERS, JR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15th day of July, 2014, and recorded on the 6th day of August, 2014 (as instrument number 2014-047266), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>RONALD E SANDERS</u>, JR, in the amount of <u>Seven Fundred Bigliften and 00/100</u> (\$718.00) Dollars, is

released this 121 day of the Lake County Recorder! 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 Notary Public A Resident of Mano County My Commission Expires: Official Seal LISA M. STONE
Resident of Lake County, IN Parch 24, 2019 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

ZIFIZ

7777-229739.002

AMOUNT S CHARGE CASH_ CHECK# **OVERAGE** COPY_ NON-COM CLERK.