STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 036799

2016 JUN 14 PM 12: 39

MICHAEL B. BROWN

RETURN TO: HODGES & DAVIS. F.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 ANDREW STCYR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of September, 2015, and recorded on the 18th day of September, 2015 (as instrument number 2015-064953), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANDREW STCYR, in the amount of Fifteen Thousand Five Hundred Swenty-Nine and 00/100

(\$15,529.00) Dollars, is In the event full payment of The Methodist Hospitals, Inc. specifical the Lake County Recorder! THE METHODIST HOSPITALS, INC. Yolanda 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 Public, this Notary Public A Resident of Fare County My Commission Expires: Official Seal LISA M. STONE Resident of Lake County. IN SEAL 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:

Manch 2 %

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

CLERK_

AMOUNT \$. CASH. CHARGE CHECK # 20983 **OVERAGE** COPY.

7777-243248

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