STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054877

2016 AUG 11 PM 3:24

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 MICHAEL VIOLA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of August, 2015, and recorded on the 18th day of September, 2015 (as instrument number 2015-064943), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MICHAEL VIOLA, in the amount of Four Thousand One Hundred Seventy ($4,170.00) Dollars, is released this 8th day of August, 2016.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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 8th day of August, 2016.

Lisa M. Stone
Notary Public

A Resident of Lake County

My Commission Expires:
March 27, 2019

Official Seal
LISA M. STONE
Resident of Lake County
My commission expires
March 27, 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

#7777-242936

AMOUNT $ 12-
CASH ____ CHARGE ____
CHECK # 21110
INVOICE ____
COPY ____ E
NON-COM ____
CLERK DW