STATE OF PARA LAKE COUNTY FILED FOR RECORD

2016 054878

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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 CALEB BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of December, 2015, and recorded on the 29th day of December, 2015 (as instrument number 2015-08/1563), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CALEB BROWN</u>, in the amount of Four Thousand Six Hundred Sixty Two (\$4,662.00) Dollars, is

released this 8th day of 1940 18th This Document is the property of the Lake County Report Hospitals, INC. 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 beroath, 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 🗸 My Commission Expires:

March 24, 2019

CISA M. STONE Resident of Lake County, IN My commission expires Maion 24, 2015

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

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