STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054881

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against MARCHELLE JORDAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of January, 2016, and recorded on the 22nd day of January, 2016 (as instrument number 2016-005164), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MARCHELLE JORDAN, in the amount of One Thousand Six Hundred Thirty One and 98/100 ($1,631.98) Dollars, is released this 8th day of August, 2016.

Document is NOT OFFICIAL!
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STOP

In the event full payments of the hospital charges have 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 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.

_____
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 24, 2019

Official Seal
LISA M. STONE
Resident of Lake County, IN
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

#7777-246989

AMOUNT 12-
CASH CHECK
21110
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