FILED FOR RECORD

2016 054884

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 DENISE TEAMER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of May, 2016, and recorded on the 27th day of May, 2016 (as instrument number 2016-032679), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care treatment and maintenance of <u>DENISE</u> TEAMER, in the amount of One Hundred Seventy Eight and 21/100 (\$1,978.21) Dollars, is released this

In the event full payments the supplementaries the notion excelled the Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. THE METHODIST MOSPITALS, INC. STATE OF INDIANA 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. Subscribed and sworn to before me, a Notary Public, this day of Wester Notary Public A Resident of My Commission Expire LISA M. STONE Resident of Lake County My commission expires March 24, 2019 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

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