STATE OF HEALTY FILED FOR RECOKE

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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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against MEGAHN SEXON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of May, 2016, and recorded on the 17th day of May, 2016 (as instrument

number 2016-029765), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MEGAHN SEXON, in the amount of Two Thousand Nine Hundred Thirty Nine and 07/100 (\$2,939.07) Dollars, is released this 8th day of August 1 (2016) F In the event full pay heni of the hospital that ges the most been excived the Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. THE MEARODIST HOSPITALS, INC. Yolanda Ja STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Manager Patron Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her bath, says that the facts stated in the foregoing are true and correct. _day of Wayst Subscribed and sworn to before me, a Notary Public, this O Notary Public A Resident of Kay My Commission Expires: Official Sea LISA M. STONE Resident of Lake County, IN March Dy 2019 (SEAL) commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social 9 security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 #7777-250233