STATE OF INDIANT A LAKE COUNTY FILED FOR RECORD

2016 054888

2016 AUG 11 PH 3: 24

MICHAEL B. BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C.

 \rightarrow

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 <u>REGINA KENDRICK</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of <u>June</u>, 2016, and recorded on the 14th day of <u>June</u>, 2016 (as instrument number 2016-036776), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, reasonable and necessary charges for hos

In the event full payments of the Resput Charges has not been received, The Methodist Hospitals, Inc. specifically reserves the rights it may have to collect the balance due.

	THE METHODIST HOSPITALS, INC.
	BY: Yolanda Jaime
STATE OF INDIANA) SS:	
COUNTY OF LAKE	DER'S ON A SALE

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 Sth day of Quoust, 2016.

Subscribed and sworn to before me, a Notary Public, this Sth day of Quoust, 2016.

Notary Public A Resident of Sull County Official Sear

HISA M. STONE
Resident of Lake County.

My Commission Expires:

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

#7777-250895

10-21110 E