

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 054892

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 DENISE WILBOURN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of February, 2011, and recorded on the 18th day of February, 2011 (as instrument number 2011-009897), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DENISE WILBOURN, in the amount of One Thousand One Hundred Six and 25/100 (\$1,106.25) Dollars, is released this 8th day of AUGUST, 2016.

**Document is NOT OFFICIAL!**

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

**This Document is the property of the Lake County Recorder!**

THE METHODIST HOSPITALS, INC.

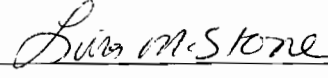
BY:   
Yolanda Jaime

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.

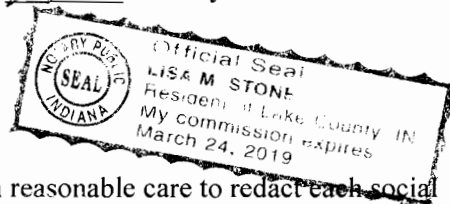


Subscribed and sworn to before me, a Notary Public, this 8<sup>th</sup> day of August, 2016.

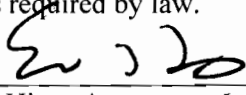
  
\_\_\_\_\_  
Notary Public  
A Resident of Boone County

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

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