

2016 055836

2016 AUG 17 PM 12: 33

MICHAEL B. BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C.

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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 NIKENA STOVALL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of June, 2016, and recorded on the 24th day of June, 2016 (as instrument number 2016-039309), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care treatment and maintenance of NIKENA STOVALL, in the amount of Three Thousand Three Hundred Twelve and 11/100 (\$3,312.11) Dollars, is released this

instrument number 2016-039309), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of NIKENA
reasonable and necessary charges for respital care preatment and maintenance of NIKENA STOVALL, in the amount of Three Thousand Three Hundred Twelve and 11/100 (\$3,312.11)
Dollars, is released this day of All All C. 12016.
THO I SHOTAL.
In the event full payment of the hospital charges that not been received the Methodist
Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
the Eake Sounty Recorder.
THE METHODIST HOSPITALS, INC.
THE METHODIST MOST TALS, INC.
BY:
Yolanda Jaime
i Olanda Janne
CTATE OF DIDIANA
STATE OF INDIANA
SS:
COUNTY OF LAKE
THE DER'S COLUMN TO THE PARTY OF THE PARTY O
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.
SEAL M
Yolanda Ja(me)
In the line was
Subscribed and sworn to before me, a Notary Public, this U day of HAUS C2016.
DEBRA A ROSE
Notary Public - Seal
State of Indiana Notary Public
Lake County My Commission Expires Apr 23, 2022 A Resident of County
My Commission Expires Apr 23, 2022 A Resident of County County
100000
H801 2010U

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

7777-251147

AMOUNT \$ 120-	
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