

2016 073649

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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

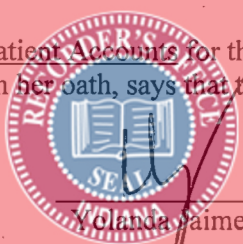
This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against DAVID POSTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of September, 2016, and recorded on the 14th day of September, 2016 (as instrument number 2016063070), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DAVID POSTON, in the amount of One thousand seven hundred and 9100 (\$1075.59) Dollars, is released this 28th day of October, 2016.

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.

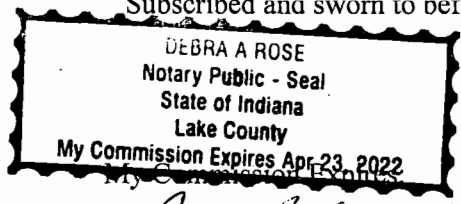


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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 28th day of Oct, 2016.



Debra A Rose
Notary Public
A Resident of Lake County

April 23, 2022

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

7777-253303

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 21260
OVERAGE _____
COBY _____
NON COM _____
CLERK JAS

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