

2016 080894

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

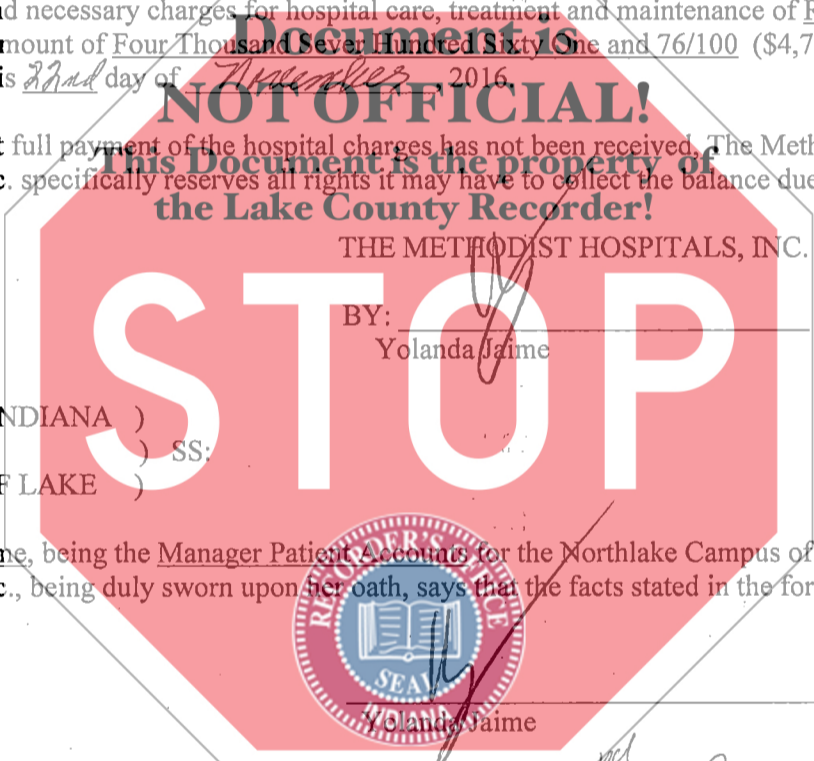
2016 NOV 30 PM 12:27

RETURN TO: MICHOEDGES & DAVIS, P.C.  
REGORGER 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 RONALD V LEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of October, 2016, and recorded on the 1st day of November, 2016 (as instrument number 2016-073622), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RONALD V LEE, in the amount of Four Thousand Seven Hundred Sixty One and 76/100 (\$4,761.76) Dollars, is released this 22nd day of November, 2016.

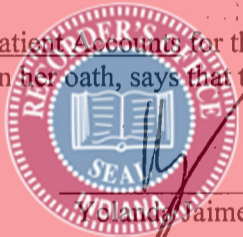
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



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.

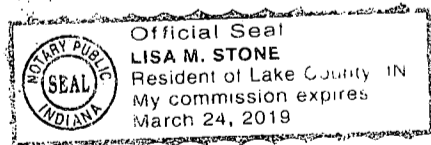


Subscribed and sworn to before me, a Notary Public, this 22nd day of November, 2016.

Lisa M. Stone  
Notary Public  
A Resident of Lake 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  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#7777-254917

AMOUNT \$ 12 -  
CASH CHARGE  
CHECK # 21307  
OVERAGE  
COPY  
NON-COPY  
CLERK MAA

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