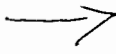


2017 000899

2017 JAN -5 AM 10:25

MICHAEL B. BROWN  
RECORDER

RETURN TO: HODGES & DAVIS, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410



RELEASE OF HOSPITAL LIEN

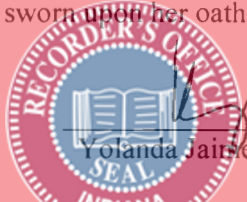
This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against GREGORY L ADAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of February, 2016, and recorded on the 1st day of March, 2016 (as instrument number 2016-012661), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GREGORY L ADAMS, in the amount of Four Thousand Nine Hundred Eighty Two and 25/100 (\$4,982.25) Dollars, is released this 28th day of December, 2016.



BY: [Signature]  
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.

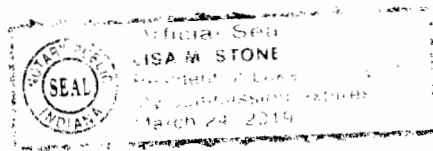


Subscribed and sworn to before me, a Notary Public, this 28th day of December, 2016.

Lisa M Stone  
Notary Public  
A Resident of Deane 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: [Signature]  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#7777-247958

AMOUNT \$ 12-  
CASH CHARGE  
CHECK # 21371  
OVERAGE  
COPY  
NON-COM  
CLERK [Signature]

E