

LAKE COUNTY
FILED FOR RECORD

2017 000903

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 KEVIN B BARKSDALE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of November, 2016, and recorded on the 17th day of November, 2016 (as instrument number 2016-078067), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KEVIN B BARKSDALE, in the amount of Seven Hundred Eighteen and 68/100 (\$718.68) Dollars, is released this 28th day of December, 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.

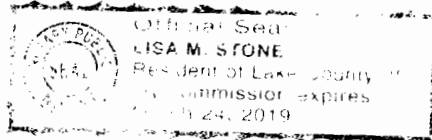


Subscribed and sworn to before me, a Notary Public, this 28th day of December 2016.

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

#7777-255374.001/.002

AMOUNT 12-
CASH _____ CHANGE _____
CHECK # 21371
OVERAGE _____ E
COPY _____
NON-COM _____
CLERK JB