

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 002703

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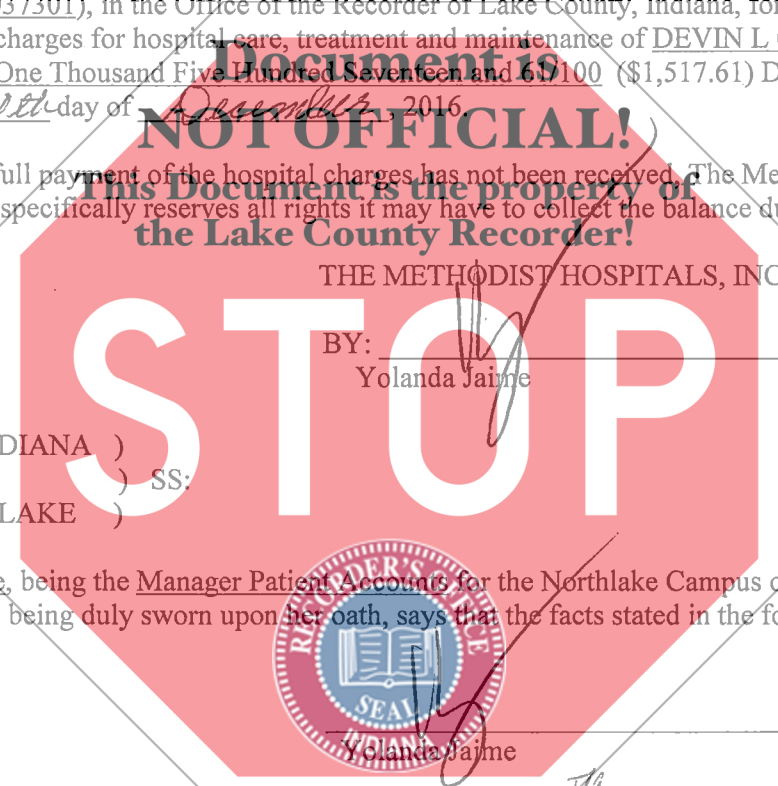
MICHAEL B. BROWN  
RECORDER

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 DEVIN L COPELAND, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of June, 2016, and recorded on the 16th day of June, 2016 (as instrument number 2016-037301), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DEVIN L COPELAND, in the amount of One Thousand Five Hundred Seventeen and 61/100 (\$1,517.61) Dollars, is released this 30th day of December, 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.

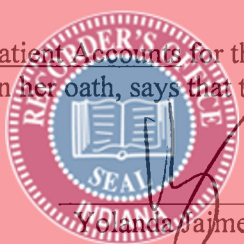


THE METHODIST HOSPITALS, INC.

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

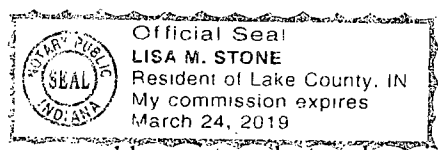
Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 30th day of December 2016.

[Signature]  
Notary Public  
A Resident of Barr 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

#2222-250910

AMOUNT \$ 12-  
CASH CHARGE  
CHECK # 21386  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

F