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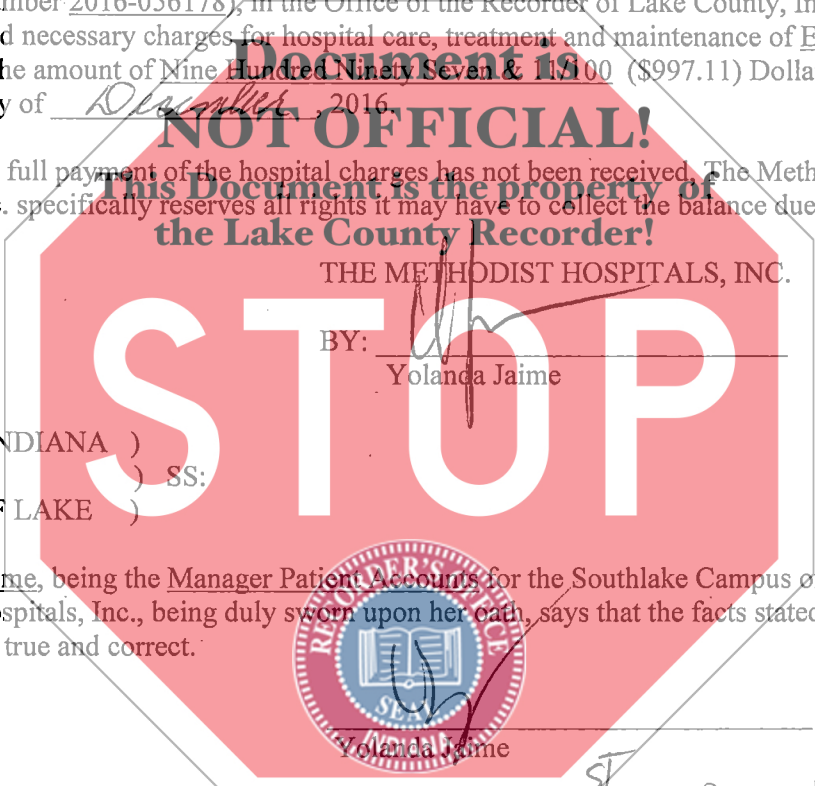
MICHAEL B. BROWN
RECORDER

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ESTELLE L MOORE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of August, 2016, and recorded on the 18th day of August, 2016 (as instrument number 2016-056178), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ESTELLE L MOORE, in the amount of Nine Hundred Ninety Seven & 11/100 (\$997.11) Dollars, is released this 31st day of December, 2016.

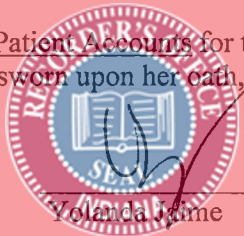
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Manager Patient Accounts for the Southlake 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 31st 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

#7777-252724

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

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