2017 004537

2017 JAN 19 PM 1: 14

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 JOSHUA PARKER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15th day of March, 2016, and recorded on the 22nd day of March, 2016 (as instrument number 2016-017473), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JOSHUA PARKER</u>, in the amount of <u>Two Thousand Three Hundred Eventy and 03/100</u> (\$2,320.03)

Dollars, is released this the Lake County Reporder! Yolanda Jalme STATE OF INDIAN 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 Noracy Public, this Notary Public A Resident of My Commission Expires: Official Seal IRT PUS LISA M. STONE Resident of Lake County, IN March 24, 2019 (SEAL My commission 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, Attorney at Law 8700 Broadway, Merrillville, IN 46410

#7777-248708

AMOUNT \$ CASH. CHECK #. **OVERAGE** COPY... NON-COM CLERK\_