

2017 004538

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 GARY HARRISON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of December, 2016, and recorded on the 20th day of December, 2016 (as instrument number 2016-086176), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GARY HARRISON, in the amount of Seventeen Thousand Six Hundred Ninety One and 81/100 (\$17,691.81) Dollars, is released this 17th day of January, 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 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.

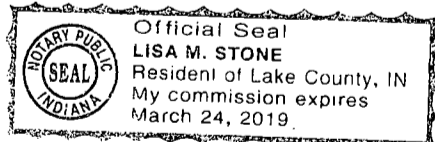


Subscribed and sworn to before me, a Notary Public, this 17th day of January, 2016.

Lisa M. Stone  
Notary Public  
A Resident of Lane County

My Commission Expires:

Monday, 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

#7777-256371

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 21399  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

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