STATE OF IMBIANA LAKE COUNTY FILED FOR RECORD

2017 006333

2017 JAN 27 AH 11: 22

MICHAEL 8. 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 AGUSTIN LEAL JR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of December, 2016, and recorded on the 7th day of December, 2016 (as instrument number 2016-083016), in the Office of the Recorder of Lake County, Indiana, for the e Hundred Eighty Four and 32/100 (\$2,184.32)

reasonable and necessary charges for hospital care, treatment and maintenance of <u>AGUSTIN</u> <u>LEAL JR</u>, in the amount of <u>Two Thousand One Hundred Eighty Four and 32/100</u> (\$2,184.32) Dollars, is released this res all rights it may have to collect the balance due.

THE MEDIAN In the event full payment of the Hospitals, Inc. specifically Yolanda Jaime STATE OF INDIANA 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.

ubscribed and sworn to before me, a Notary Public, this DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public Lake County My Commission Expires Apr 23 A Resident of County

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

#7777-255900

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AMOUNT & CASH. CHECK# **OVERAGE** COPY_ NON-COM CLERK_