

2017 007375

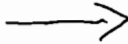
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 FEB -2 AM 10:15

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 CHARLES CANNON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of April, 2016, and recorded on the 14th day of April, 2016 (as instrument number 2016-023008), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CHARLES CANNON, in the amount of ~~Seventeen Thousand Seven Hundred Seventy Eight & 68/100~~ (\$17,778.68) Dollars, is released this 27th day of January, 2017.

**NOT OFFICIAL!**

This Document is the property of  
THE METHODIST HOSPITALS, INC.  
the Lake County Recorder!

BY: Yolanda Jaime

**STOP**

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 27th day of January, 2017.



Debra A Rose  
Notary Public

A Resident of Laake County

April 23, 2017

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  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#2222-249398

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 21417  
OVERAGE \_\_\_\_\_ E  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK MM-C