

2017 007379

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against RAIDA ABUIZAM, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of October, 2016, and recorded on the 1st day of November, 2016 (as instrument number 2016-073624), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RAIDA ABUIZAM, in the amount of Twelve Thousand Two Hundred Ninety Six and 69/100 (\$12,296.69) Dollars, is released this 27th day of January, 2017.

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.



THE METHODIST HOSPITALS, INC.

BY: 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 27th day of January, 2017.

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Debra A Rose
Notary Public
A Resident of Lake 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
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-254919

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 21417
OVERAGE _____
COPY _____
NON-COM _____
CLERK MA

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