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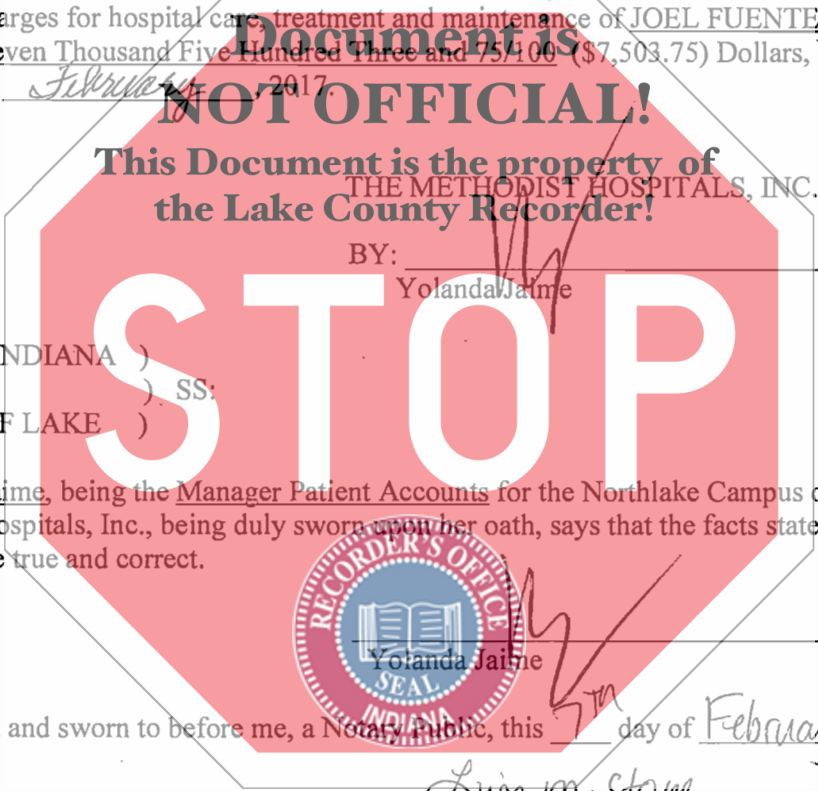
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MICHAEL B. BROWN
RECORDER

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 JOEL FUENTES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of August, 2013, and recorded on the 14th day of August, 2013 (as instrument number 2013-059910), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, ~~treatment and maintenance~~ of JOEL FUENTES, in the amount of ~~Seven Thousand Five Hundred Three and 75/100~~ (\$7,503.75) Dollars, is released this 7th day of February, 2017.



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.

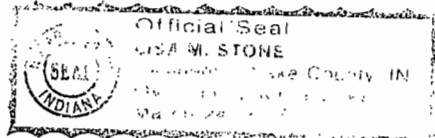


Subscribed and sworn to before me, a Notary Public, this 7th day of February, 2017.

Lisa M. Stone
Notary Public
A Resident of Lake County

My Commission Expires:

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

#7777-217995

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 21451 E
OVERAGE _____
COPY _____
NON-COM _____
CLERK Ex