

2017 010196

2017 FEB 16 AM 9:56

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 HARVEY GREENHOUSE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 28th day of December, 2016, and recorded on the 19th day of January, 2017 (as instrument number 2017-004327), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of HARVEY GREENHOUSE, in the amount of One Thousand Nine Hundred Sixteen and 88/100 (\$1,916.88) Dollars, is released this 7th day of February, 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.

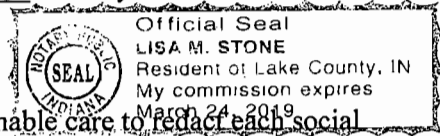


Yolanda Jaime

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

Lisa M. Stone
Notary Public
A Resident of Lane 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, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-257446

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 2145T E
OVERAGE _____
COPY _____
NON-COM Q
CLERK Q