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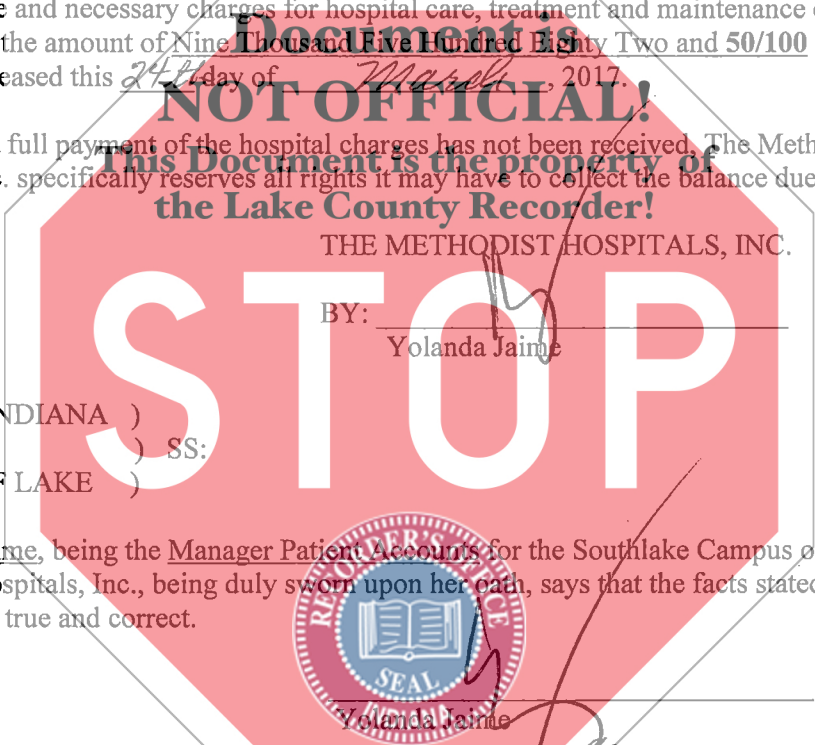
MICHAEL B. BROWN
RECORDER

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ELIJAH S TURNER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of September, 2011, and recorded on the 28th day of September, 2011 (as instrument number 2011-053674), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ELIJAH S TURNER, in the amount of Nine Thousand Five Hundred Eighty Two and 50/100 (\$9,582.50) Dollars, is released this 27th day of March, 2017.

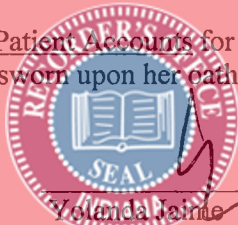
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



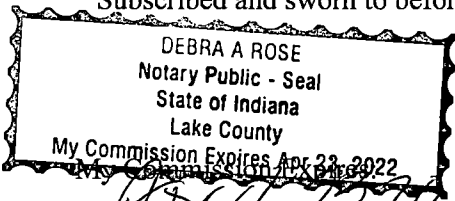
BY: Yolanda Jaime

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 March, 2017.



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

#2222-196734

AMOUNT \$ 12 -
CASH _____ CHARGE _____
CHECK # 21577
OVERAGE _____
COPY _____
NON-COM _____
CLERK Cx

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