STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2017 020604

2017 MAR 31 AM 11:05

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., instrument number 2017-010181), in the Office of the Recorder of Lake County, Indiana, for the

Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against LASHONTA J THOMPSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of January, 2017, and recorded on the 16th day of February, 2017 (as reasonable and necessary charges for hospital care, treatment and maintenance of <u>LASHONTA J THOMPSON</u>, in the amount of <u>One Thousand Two Hundred Thirty One and 20/100</u> (\$1,231.20) Dollars, is released this In the event full paymen Hospitals, Inc. specifical ceived. The Methodist the balance due. the Lake ( THE METHODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA 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 DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public **Lake County Co**unty A Resident of ommission Expires 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

#7777-258747

AMOUNT \$ CASH-CHECK# **OVERAGE** E COPY\_ NON-COM CLERK\_