

2017 020608

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against JERMAINE LIPSCOMB, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of November, 2016, and recorded on the 22nd day of December, 2016 (as instrument number 2016-087302), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JERMAINE LIPSCOMB, in the amount of One Thousand Three Hundred Twenty Five (\$1,325.00) Dollars, is released this 24th day of March, 2017.

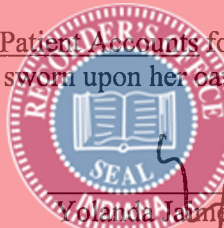
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

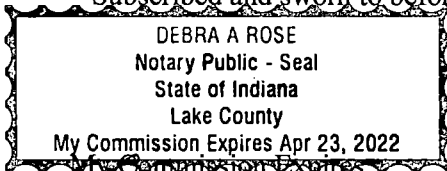
BY: [Signature]
Yolanda Jaime

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 24th day of March, 2017.



[Signature]
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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-255278.002

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 21544
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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