STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 020615

2017 MAR 31 AM 11:06

MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & HITES, 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 JESSICA BRANDMAYR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of June, 2016, and recorded on the 16th day of June, 2016 (as instrument number 2016-037306), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JESSICA BRANDMAYR, in the amount of Four Thousand Nine Hundred Thirty Six and 42/100 ($4,936.42) Dollars, is released this 24th day of March, 2017.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
STOP

THE METHODIST HOSPITALS, INC.

BY: _____
Yolanda Jaime

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.

_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 24th day of March, 2017.

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

_____
Notary Public
A Resident of Lake County

My Commission Expires:
April 23, 2022

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

#7777-250915

AMOUNT $ 12 –
CASH ____ CHARGE ____
CHECK # 21544
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____

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