STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 043877

2017 JUL 18 PH 1: 10

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>JACOB HARVEY</u>,

| represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was   |
|---|
| executed on the 12th day of April, 2017, and recorded on the 28th day of April, 2017 (as  |
| instrument number 2017 -026056), in the Office of the Recorder of Lake County, Indiana, for the   |
| reasonable and necessary charges for hospital care, treatment and maintenance of JACOB  |
| HARVEY, in the amount of Ten Thousand Three Hundred Seventy-Nine and 36/100   |
| (\$10,379.36) Dollars, is released this Math day of 1 2 willy 2017.   |
| In the event full collision with a position about a firm and have a firm and have a firm a firm and a firm |
| In the event full payment of the hospital charges that not been received the Methodist  |
| Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.  |
| THE METHODIST HOSDITALS, DIC  |
| THE METHODIST HOSPITALS, INC.   |
| BY:   |
| Yolanda Jaime   |
| i Olailua Jaime   |
| STATE OF INDIANA )  |
| SIXTE OF INDIANA )  |
| COUNTY OF LAKE  |
| COOKIT 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.  |
| and correct.  |
| SEAVE   |
| Molanda Jaivie  |
| Towns Salate  |
| Subscribed and sworn to before the, a Notary Public, this / day of 1/4/1/1, 2017.   |
| DEBHA A ROSE  |
| Notary Public - Seal State of Indiana   |
| Lake County Notary Public   |
| My Commission Expires Apr 23, 2022  A Resident of Phil County   |
| My Commission Expires:  |
|   |
| H8N123,2022   |
| <del></del>   |
|   |
| 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   |
|   |

#7777-261821

and provide a second of the contract of

AMOUNT O-CASH\_\_\_\_CHARGE CHECK # 21762 E OVERAGE\_\_\_\_ NON-COM\_\_\_ CLERK\_\_