

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 046442

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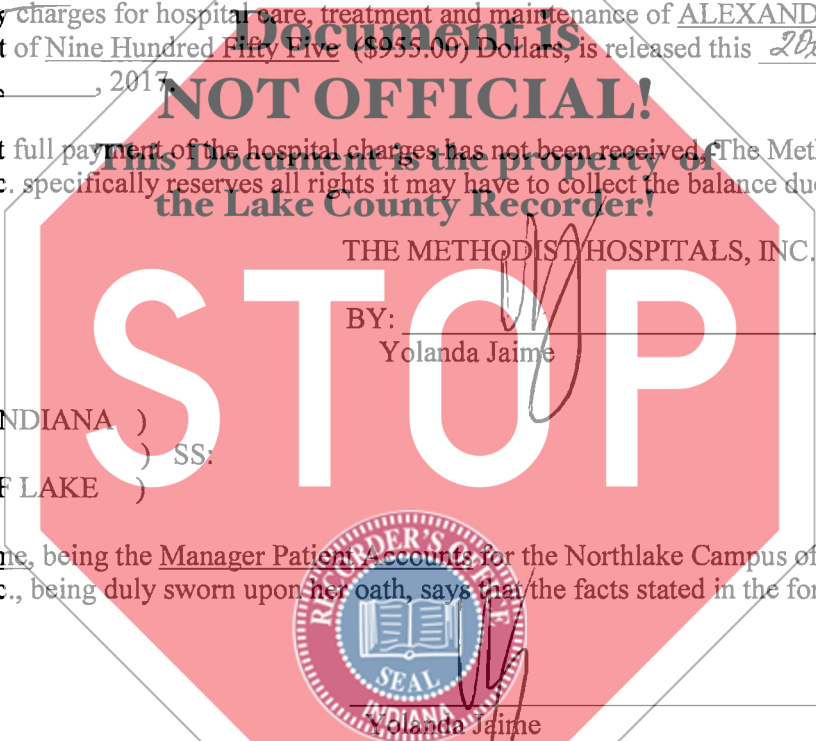
MICHAEL B. BROWN  
RECORDER

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ALEXANDER LYDICK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of April, 2017, and recorded on the 5th day of May, 2017 (as instrument number 2017-027764), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEXANDER LYDICK, in the amount of Nine Hundred Fifty Five (\$955.00) Dollars, is released this 20th day of July, 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.

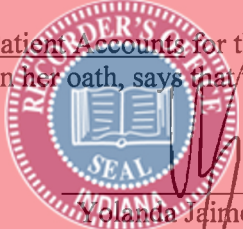


THE METHODIST HOSPITALS, INC.

BY: *[Signature]*  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

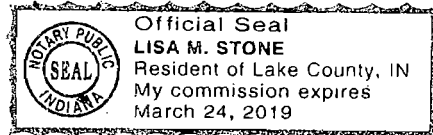
Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 20th day of July, 2017.

*[Signature]*  
Notary Public  
A Resident of Lake County

My Commission Expires:  
March 24, 2019



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

#7777-262055

AMOUNT 25-  
CASH          CHARGE           
CHECK # 21785  
OVERAGE           
COPY           
NON-COM           
CLERK JTB      E