STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 049387

2017 AUG -8 PH 2: 28

MICHAEL B. BROS

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 GLORIA NOVAK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of May, 2016, and recorded on the 11th day of May, 2016 (as instrument number 2016-028456), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GLORIA NOVAK, in the amount of Twenty Seven Thousand Five Hundred Ninety Four & 63/100 (\$27,594.63) Dollars, is released this 4th day of

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 HOSPITALS, INC.

BY:
Yolanda Jaime

STATE OF INDIANA

SS:

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

Substitute and sworn to before me, a Notary Public, this day of Algebra 2017

DEBRA A ROSE

Notary Public - Seal

State of Indiana

Lake County

My Commission Expires Apr 23, 2022

My Commission Expires:

A Resident of 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:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

#7777-250098

AMOUNT \$ 25 CASH CHARGE
CHECK # CHARGE
OVERAGE
COPY
NON-COM
CLERK