STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 049388

2017 AUG -8 PH 2: 26

MICHAEL B. BROV

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 ANNA LOEWECKE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was care, treatment and maintenance of ANNA ousand Six Hundred Fifty Two and 22/100

executed on the 21st day of June, 2017, and recorded on the 30th day of June, 2017 (as instrument number 2017 -040715), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital LOEWECKE, in the amount of Eighteen Tho (\$18,652.22) Dollars, is released this the day of the day of 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. Yolanda Jaime STATE OF INDIANA 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. Substitibed and sworn to before me, a Notary Public, this Notary Public - Seal State of Indiana **Lake County Notary Public** My Commission Expires Apr 23, 2022 A Resident of Commission Expires: 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

#7777-264563

AMOUNT \$ CASH CHECK# **OVERAGE** COPY_ NON-COM CLERK.