STATE OF INDIANA LAKE COUNTY FILED FOR RECORE

2017 049392

2017 AUG -8 PH 2: 27

MICHAEL B. BRUY

RETURN TO: HODGES & BAVIS, 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against DERRICK MITCHELL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of July, 2017, and recorded on the 14th day of July, 2017 (as instrument number 2017 -043368), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DERRICK MITCHELL, in the amount of Four thousand seven hundred forty five (\$4,745.00) Dollars, is released this 4th day of August 1,2017

	number 2017 -043368), in the Office of the Recorder of Lake County, Indiana, for the reasonab
	and necessary charges for hospital care, treatment and maintenance of DERRICK MITCHELL,
	the amount of Four thousand seven hundred forty five (\$4,745.00) Dollars, is released this 45
	day of Curguel NOT OFFICIAL!
	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:
	Yolanda Jai ne
	1 Olalida Janile
	STATE OF INDIANA)
	SS:
	COUNTY OF LAKE
	THE PLANT
	Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The
	Methodist Hospitals, Inc., being duly sworn upon her cath, says that the facts stated in the
	foregoing are true and correct.
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	Youngayaine Colo
	Subscribed and of the control of the subscribed and of the control
1	Notary Public - Seal
	State of Indiana
	My Commission Expires Apr 23, 2022 Notary Public
<u> </u>	A Resident of VVX County
	My Commission/Expires 7 /772
	- 17- DY/ D/1000°
	Leffind and a manufacture for marine, that I have the
	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.
	security number in this document, unless required by law.
	This instrument Prepared By:
	Earle F. Hites, Attorney at Law
	8700 Broadway, Merrillville, IN 46410
	#7777-264809
	25-
	AMOUNT \$CHARGE
	CASHCHARGE

AMOUNT \$ 25 CASH___CHARGE_
CHECK # 2/807
OVERAGE_
COPY_
NON-COM__CLERK_