STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 058877

2017 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway

Merrillville, IN 46410

PARTIAL 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 KURA WALKER, | |
|---|-----------|
| represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which w | as |
| executed on the 6th day of July, 2016, and recorded on the 15th day of July, 2016 (as instrumentally) | nent |
| number 2016-043864), in the Office of the Recorder of Lake County, Indiana, for the reason | |
| and necessary charges for hospital care, treatment and maintenance of KURA WALKER, in | |
| amount of Seventeen Thousand Two Hundred Ten and 41/100 (\$17,210.41) Dollars, is | |
| PARTIALLY released to the extent of Sixteen Thousand Two Hundred Seventy Eight and | |
| 41/100, (\$16,278.41) Dollars this 25 leday of Great 2017. Please take note | that |
| this is a PARTIAL retense of lien and not a release of debt; and THE METHODIST | |
| HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Nine Hundred | 1 |
| HOSPITALS, INC. reserves CONTINUING LIEN RIGHTS in the amount of Nine Hundred Thirty Two. (\$932.00) Dollars and all rights to collect any and all further sums due and owing | ng or |
| its underlying claim for services rendered to the patient. | _ |
| | |
| THE METHODIST HOSPITALS, INC. | |
| | |
| BY: | |
| Yolanda Jairge | |
| | |
| STATE OF INDIANA | |
|) SS: | |
| COUNTY OF LAKE | |
| | |
| Yolanda Jaime, being the Manager Patient Accounts for The Methodist Hospitals, Inc., be | ing |
| duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. | |
| JEAD STATE | |
| DIANAMA | |
| Yolanda Jaime | |
| ofthe Annal | |
| Subscribed and sworn to before me, a Notary Public, this day of 169 165 (2017 | '. |
| DEBRA A ROSE | |
| Notary Public - Seal | |
| State of Indiana Lake County | |
| My Commission Expires Apr 23, 2022 Notary Public | 3 |
| A Resident of Whit County | |
| My Commission Expires: | |
| Phylles, woo | |
| | |
| I affirm, under the penalties for perjury, that I have taken reasonable care to redact each soc | ial |
| security number in this document, unless required by law. | - |
| | |
| This instrument Prepared By: | _ |
| Earle F. Hites, Attorney at Law | |
| 8700 Broadway, Merrillville, IN 46410 | |
| 110000 0.51505 | |
| #2222-251797 | |
| AMOUNT \$ | |
| CASHCHARGE | |
| CHECK #2/858 | |
| OVERAGE | |

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