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2017 OCT -5 AM 10:33

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against JOYCE LEON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of July, 2017, and recorded on the 14th day of July, 2017 (as instrument number 2017-043364), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOYCE LEON, in the amount of Five Thousand Six Hundred Twelve and 11/100 (\$5,612.11) Dollars, is released this 2nd day of October, 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.

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

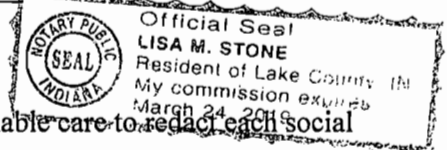


Subscribed and sworn to before me, a Notary Public, this 2nd day of October, 2017.

Lisa M. Stone
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: Earle F. Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-264805

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 21925
OVERAGE _____
COPY _____
NON-COM _____
CLERK D

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