

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 067798

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against LEON WATSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of July, 2017, and recorded on the 28th day of July, 2017 (as instrument number 2017-047077), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LEON WATSON, in the amount of Five Thousand Seven Hundred Sixty and 10/100 (\$5,716.47) 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.

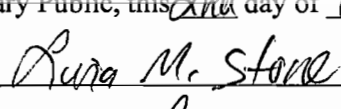
BY: 
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Manager Patient Accounts for the 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.



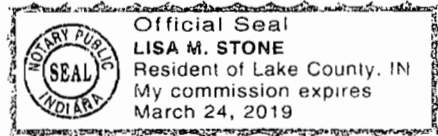
Subscribed and sworn to before me, a Notary Public, this 2nd day of October, 2017.



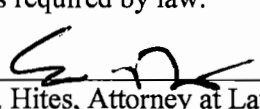
Notary Public
A Resident of Barr County

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, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-265262

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