

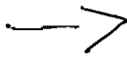
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 067801

2017 OCT -5 AM 10:33

MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & DAVIS, P.C.

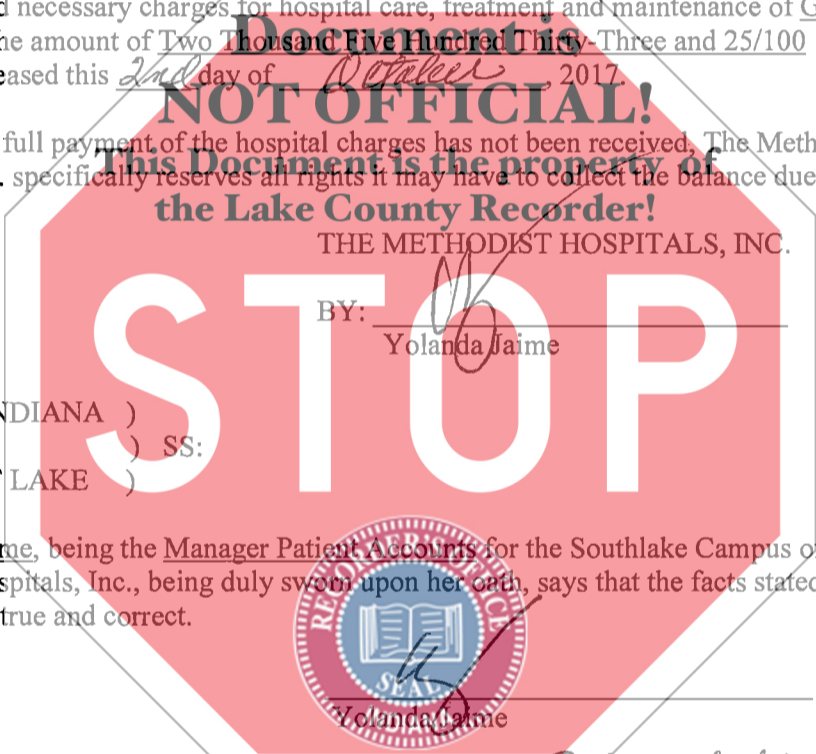


Attorneys at Law
8700 Broadway
Merrillville, IN 46410

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 GRACE ABRAM, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of August, 2014, and recorded on the 16th day of September, 2014 (as instrument number 2014-055857), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GRACE ABRAM, in the amount of Two Thousand Five Hundred Thirty-Three and 25/100 (\$2,533.25) 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.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

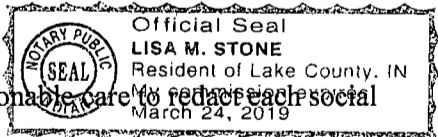
Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



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

Lisa M. Stone
Notary Public
A Resident of Rane County

My Commission Expires:
March 24,



I affirm, under the penalties for perjury, that I have taken reasonable care to reduce 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

#7777-232162.001

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

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