

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT 12 PM 1:13

MICHAEL B. BROWN
RECORDER

2017 069218

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 WILLIAM ECK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of July, 2017, and recorded on the 26th day of July, 2017 (as instrument number 2017-046431), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIAM ECK, in the amount of Two Thousand Three Hundred Ninety & 59/100 (\$2,390.59) Dollars, is released this 6th 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.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
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 6th day of October, 2017.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:
April 23 2022

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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-265238

AMOUNT \$ 25-
CASH CHARGE
CHECK # 21942
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

E