

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT 12 PM 1:13

MICHAEL B. BROWN
RECORDER

2017 069219

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 DENNIS PEARSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of September, 2017, and recorded on the 21st day of September, 2017 (as instrument number 2017-064117), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DENNIS PEARSON, in the amount of Two Thousand Four Hundred Seventy Four & 13/100 (\$2,474.13) Dollars, is released this 10th day of October, 2017.

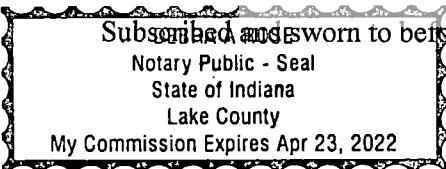
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Manager Patient Accounts for the 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.



[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

#7777-267129

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

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