

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 082854

2017 DEC -6 PM 1:15

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 AVA L. BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of August, 2011, and recorded on the 18th day of August, 2011 (as instrument number 2011-044638), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of AVA L. BROWN, in the amount of Three Thousand One Hundred Forty Nine (\$3,149.00) Dollars, is released this 27th day of November, 2017.



NOT OFFICIAL!
This Document is the property of
THE METHODIST HOSPITALS, INC.
the Lake County Recorder!

BY: [Signature]
Yolanda Jaime

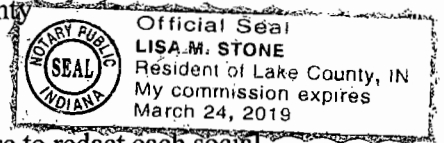
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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.

Subscribed and sworn to before me, a Notary Public, this 27th day of November, 2017.

[Signature]
Notary Public
A Resident of Lane 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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-192743.004/.005

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 22055
OVERAGE _____
COPY _____ E
NON-COM _____
CLERK [Signature]