STATE OF INDIANA FILED FOR RECORD

2017 082856

2017 DEC -6 PH 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., Northlake/Southlake Campus, 600 Grant Street, Gary, Indiana 46402, against AUSTIN SALAZAR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of July 2016, and recorded on the 29th day of July, 2016 (as instrument number 2016-048448), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>AUSTIN</u>
<u>SALAZAR</u>, in the amount of <u>One Hundred Thirty Sine Thousand</u> two Hundred Sixty Three and 86/100 (\$139,263.86) Døll

In the event full payment of yed, The Methodist he balance due. Hospitals, Inc. specifically

THE METHODIST HOSPITALS, INC Yolanda STATE OF INDIANA 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 27 day of

Yclanda Jajme

Notary Public A Resident of//

My Commission Expires:

Official Seal LISA M. STONE Resident of Lake County, IN 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

#7777-251872

AMOUNT \$ CASH. E CHECK# **OVERAGE** COPY. NON-COM. CLERK.