

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 082862

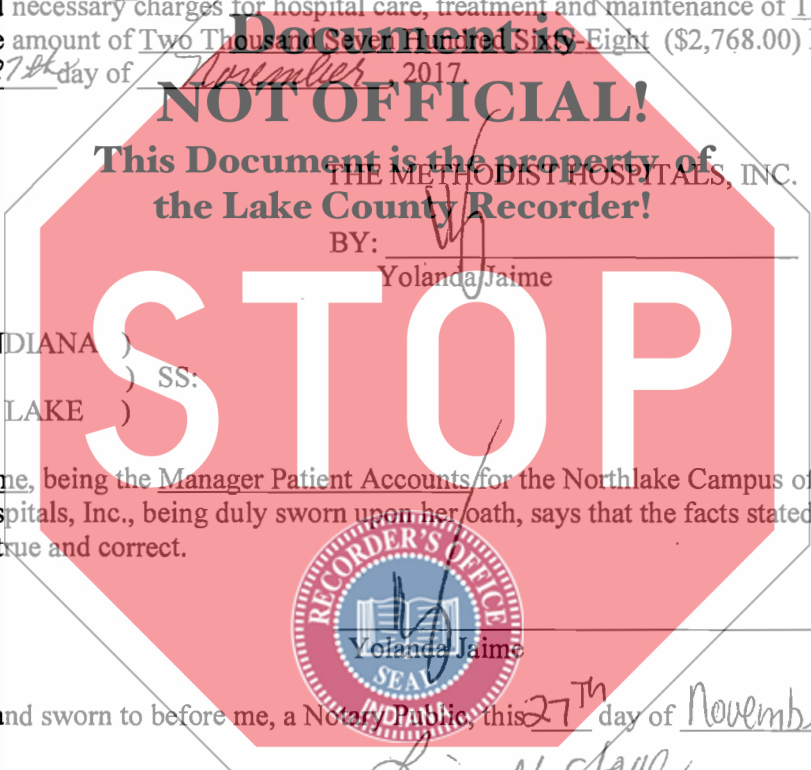
2017 DEC -6 PM 1:15

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against TRACEY DIXON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of September, 2013, and recorded on the 4th day of October, 2013 (as instrument number 2013-073252), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TRACEY DIXON, in the amount of Two Thousand Seven Hundred Sixty Eight (\$2,768.00) Dollars, is released this 27th day of November, 2017.



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 27th day of November, 2017.

Lisa M. Stone  
Notary Public  
A Resident of Dave 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: Earle F. Hites  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#2222-219723

AMOUNT \$ 25-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 22055  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK MS