

2017 086168

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 DEC 19 PM 2:16

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 JAMES A ENGLAND, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of October, 2017, and recorded on the 27th day of October, 2017 (as instrument number 2017- 072769), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for ~~hospital care, treatment~~ and maintenance of JAMES A ENGLAND, in the amount of ~~Seven Thousand Twenty Six and 92/100~~ (\$7,026.92) Dollars, is released this 15th day of December, 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 5 day of December, 2017.



[Signature]
Notary Public
A Resident of Lake County

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

#7777-268564

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 22090 E
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]