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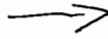
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against DESTINY WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of August, 2016, and recorded on the 14th day of September, 2016 (as instrument number 2016-063068), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DESTINY WILLIAMS, in the amount of One Thousand Two Hundred Sixty Four and 81/100 (\$1,264.81) 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.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

THE METHODIST HOSPITALS, INC.

BY: 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 15th day of December, 2017.

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Debra A Rose
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: Earle F. Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-253007

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