STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 087155

2017 DEC 26 PM 3:13

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 SHEILA MANNING, 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 2017-072764), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHEILA MANNING, in the amount of One Thousand Three Hundred Ninety Two and 53/100 ($1,392.53) Dollars, is released this 22nd day of December 2017.

Document is NOT OFFICIAL!
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STOP

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: _____
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.

_____
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 22nd day of December, 2017.

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

_____
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: E Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-268563

AMOUNT $ 25-
CASH ____ CHARGE ____
CHECK # 22116
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____ E