STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 087160

2017 DEC 26 PM 3:14

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 ROSA GARCIA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of January, 2017, and recorded on the 2nd day of February, 2017 (as instrument number 2017-007370), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ROSA GARCIA, in the amount of One Thousand Six Hundred Twenty-Eight and 48/100 ($1,628.48) Dollars, is released this 22nd 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.

Document is NOT OFFICIAL!
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STOP

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 26th 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: _____
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-258542

ACCOUNT 25-
CASH ____ CHARGE
CHECK # 22116
MILEAGE ____
COPY ____
NON-COM ____