

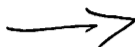
2017 087163

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 DARRELL D WASHINGTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of February, 2017, and recorded on the 3rd day of March, 2017 (as instrument number 2017-014220), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DARRELL D WASHINGTON, in the amount of Two Thousand One Hundred Sixty Five and 86/100 (\$2,165.86) Dollars, is released this 27th 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.

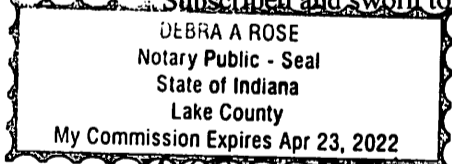
BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
  ) SS:  
COUNTY OF LAKE )

Yolanda Jaime, being the Manager Patient Accounts for the 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 27th day of December, 2017.



[Signature]  
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: [Signature]  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#7777-259788

DATE FILED 25-  
FASH CHARGE  
CHECK # 22116  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
FEE \_\_\_\_\_

E