

2019 063337

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 SEP 18 PM 1:15

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 CRYSTAL FRITTS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 1st day of December, 2016, and recorded on the 22nd day of December, 2016 (as instrument number 2016-087303), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CRYSTAL FRITTS, in the amount of Three Thousand Two Hundred Sixteen and 04/100 (\$3,216.04) Dollars, is released this 11th day of September, 2019.

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)

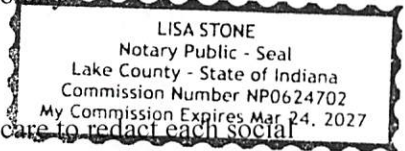
Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 11th day of September, 2019.

[Signature]
Notary Public
A Resident of Dane County

My Commission Expires:
March 24, 2027



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]
Gregory A. Sobkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-256142

AMOUNT \$ 25-
CASH CHARGE
CHECK # 23742 E
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]