STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2013 041899

2013 JUN -7 AM 11: 02

MICHAEL B. DROWN

REFERENCE 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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against CHARLES MCGRONE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of February, 2013, and recorded on the 22nd day of February, 2013 (as instrument number 2013-014232), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CHARLES

MCGRONE, in the amount of One Thousand Three Hundred Seventeen (\$1,317.00) Dollars, is released this day of , 2013. 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 Lake County Recorder THE METHODIST HOSPITALS, INC. landa Jaime STATE OF INDIANA COUNTY OF LAKE Yolanda Jaime, being the Service Unit Manager for the Northlake 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 Subscribed and sworn to before me, a Notary Public, this Notary Public Me V A Resident of \mathcal{L} County My Commission Expires: Official Seal LISA M. STONE
Resident of Lake County, IN
My commission expires March 24, 2019 (SEAL) March 24, 2019 security number in this document, unless required by law.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social

This instrument Prepared By: Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

7777-212804

AMOUNT \$ CASH CHECK # **OVERAGE** COPY_ NON-COM CLERK.