

2014 006228

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

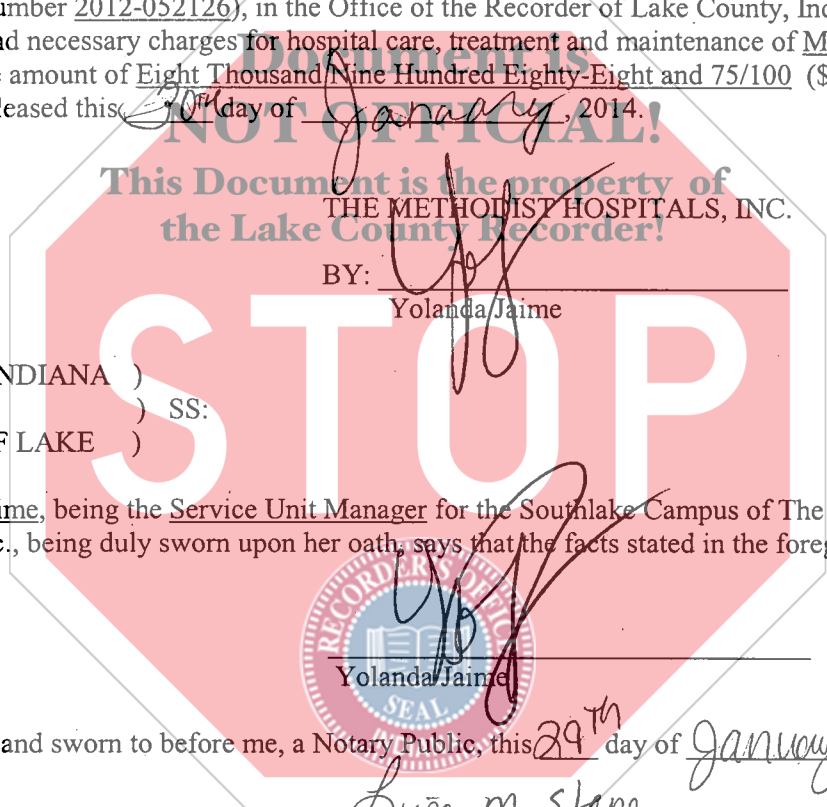
2014 JAN 31 PM 1:42

MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & [REDACTED]
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 MATTHEW COLE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of July, 2012, and recorded on the 3rd day of August, 2012 (as instrument number 2012-052126), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MATTHEW COLE, in the amount of Eight Thousand Nine Hundred Eighty-Eight and 75/100 (\$8,988.75) Dollars, is released this 30th day of January, 2014.



This Document is the property of
THE METHODIST HOSPITALS, INC.
the Lake County Recorder!

BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

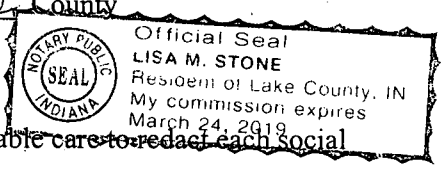
Yolanda Jaime, being the Service Unit Manager for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 29th day of January, 2014.

Lisa M. Stone
Notary Public
A Resident of Dare County

My Commission Expires:
March 24, 2019



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

2222-204940.002

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 19422
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]
E