STATE OF INDIANTY FILED FOR RECORD

2014 009283

2014 FEB 18 PM 1: 18

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against JOHN WHEELER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of January, 2012, and recorded on the 20th day of January, 2012 (as instrument number 2012-005797), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JOHN</u> <u>WHEELER</u>, in the amount of <u>Two Thousand One Hundred Sixty-Eight and 75/100</u> (\$2,168.75) Dollars, is released this Andrew of February, 2014.

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. 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 Jaime

Subscribed and sworn to before me, a Notary Publi

Notary Public A Resident of Ma

My Commission Expires:

March 24, 2019

Official Seal
LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019 (SEAL)

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

> AMOUNT \$ CASH CHECK #

7777-199625

OVERAGE COPY_ NON-COM CLERK.