STATE OF INDIA: LAKE COUNTY FILED FOR RECORD

2014 014943

2014 MAR 13 AM 11: 39

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 KERRY BUSHMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of May, 2012, and recorded on the 18th day of May, 2012 (as instrument number 2012-033633), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KERRY BUSHMAN, in the amount of Two Thousand Six Hundred Fifty-One and 50/100 (\$2,651.50) Dollars, is released this OM day of VY Our Class ___, 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.

HODIST HOSPITALS, INC.

STATE OF INDIANA

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.

Subscribed and sworn to before me, a Notary Public, this

day of //luch

Notary Public

(SEAL)

Official Seal

LISA M. STONE Resident of Lake County, IN

A Resident of

My Commission Expires: Manch 34, 2019

My commission expires March 24, 2019 **POLAND** I affirm, under the penalties for perjury, that I have taken reasonable care to reduct ea security number in this document, unless required by law.

This instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

CHECK # OVERAGE COPY NON-COM CLERK.

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