STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 028822

2014 MAY 20 PM 1:23

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 AARON SOKOLOWSKI, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of January, 2014, and recorded on the 29th day of January, 2014 (as instrument number 2014-005383), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of AARON SOKOLOWSKI, in the amount of One Thousand Three Hundred Seventy-Three and 75/100 ($1,373.75) Dollars, is released this 13th day of May, 2014.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

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: Cheryl Krupa
Cheryl Krupa

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor 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.

Cheryl Krupa
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 6th day of May, 2014.

Lisa M. Stone
Notary Public

A Resident of Lake County

My Commission Expires:
March 24, 2019

Official Seal
LISA M. STONE
Resident of Lake County, IN
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:
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-224250

AMOUNT $ 10
CASH ____ CHARGE ____
CHECK # 19698
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____
E