

2014 028824

2014 MAY 20 PM 1:24

RETURN TO: HODGES & DAVIS P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

MICHAEL BROWN
RECORDER

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 ANDERSON ARMSTRONG, JR., represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of August, 2013, and recorded on the 12th day of September, 2013 (as instrument number 2013-066977), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANDERSON ARMSTRONG, JR., in the amount of Four Hundred Sixteen and 75/100 (\$416.75) Dollars, is released this 13th day of May, 2014.

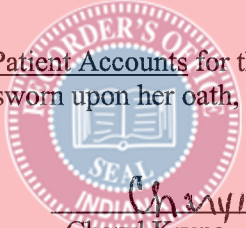
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor Patient Accounts 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.



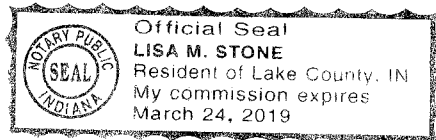
Cheryl Krupa
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 13th day of May, 2014.

Lisa M. Stone
Notary Public
A Resident of Lake 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

7777-217889.002

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 19648
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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