STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030972

2014 MAY 29 PM 12:42

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 TIMOTHY MAYER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of March, 2011, and recorded on the 29th day of March, 2011 (as instrument number 2011-018035), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TIMOTHY MAYER, in the amount of Six Hundred Seventeen ($617.00) Dollars, is released this 28th day of May, 2014.

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

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 21st 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

AMOUNT $ 12
CASH ____ CHARGE ____
CHECK # 19667
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____

7777-191581