

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048078

2014 AUG 11 AM 11:31

RETURN TO: MICHA & 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 CHARITY GONZALEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10th day of June, 2014, and recorded on the 1st day of July, 2014 (as instrument number 2014-037648), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CHARITY GONZALEZ, in the amount of Seven Hundred Seventeen and 25/100 (\$717.25) Dollars, is released this 11<sup>th</sup> day of August, 2014.

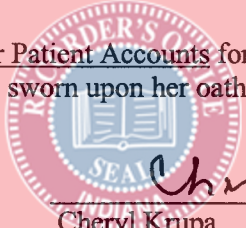
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

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 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 11<sup>th</sup> day of August, 2014.

Lisa M. Stone  
Notary Public  
A Resident of Laure 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

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 19780  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]  
E

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