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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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against WILLIE JONES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of January, 2014, and recorded on the 30th day of January, 2014 (as instrument number 2014-005771), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIE JONES, in the amount of Three Thousand Three Hundred Ten and 25/100 (\$3,310.25) Dollars, is released this 7th day of August, 2014.

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

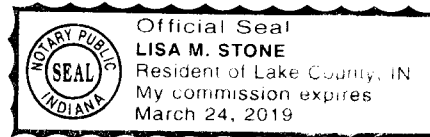


Subscribed and sworn to before me, a Notary Public, this 7th day of August, 2014.

Lisa M. Stone  
Notary Public  
A Resident of Java 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:

Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 19780  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK EV  
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