

2014 048086

2014 AUG 11 AM 11:32

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 ASHLEY ARMSTEAD, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of February, 2014, and recorded on the 19th day of March, 2014 (as instrument number 2014-016121), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ASHLEY ARMSTEAD, in the amount of Eight Thousand Five Hundred Fifteen and 50/100 (\$8,515.50) Dollars, is released this 11th 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.

This Document is the property of
THE METHODIST HOSPITALS, INC.
the Lake County Recorder!

BY: [Signature]
Yolanda Jaime

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.

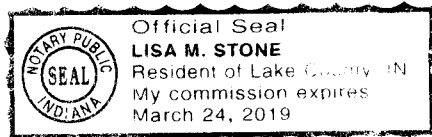
[Signature]
Yolanda Jaime

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

[Signature]
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

7777-225900

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

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