STATE OF INCIA LAKE COUNTY FILED FOR RECORL

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RETURN TO: HOMES & DAVIS ROYN Attorneys RE CORDER 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 CHAUNCEY WRAY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was instrument number 2013-095159), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CHAUNCEY WRAY, in the amount of Four Thousand Two Hundred Fifty-Five (\$4,255.00) Dollars, is released this _____ day of ____ This Docume

executed on the 9th day of December, 2013, and recorded on the 30th day of December, 2013 (as the Lake County Cheryl Krupa STATE OF INDIANA 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 Notary Public A Resident of ////// County Official Seal My Commission Expires: LISA M. STONE Resident of Lake Maces 24, 2019 My commission expires I affirm, under the penalties for perjury, that I have taken reasonable care t 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** CASH.

7777-222703

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