

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048090

2014 AUG 11 AM 11:32

RETURN TO: **MICHAEL D. BROWN**  
HODGES & BROWN, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

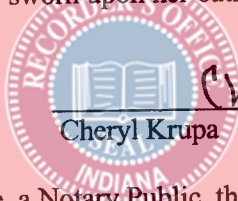
This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ESTHER BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of July, 2011, and recorded on the 22nd day of July, 2011 (as instrument number 2011-039789), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ESTHER BROWN, in the amount of Six Hundred Fifty-Eight and 25/100 (\$658.25) Dollars, is released this 7<sup>th</sup> day of August, 2014.

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 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.

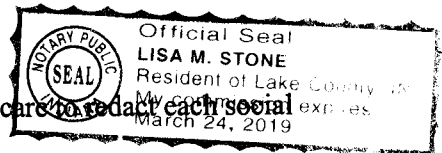


Cheryl Krupa  
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 4<sup>th</sup> day of August, 2014.

Lisa M. Stone  
Notary Public  
A Resident of Rene 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]

7777-194915

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