STATE OF INUTAL LAKE COUNTY FILED FOR RECORD

2014 048098

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RETURN TO: HODGE RAPAS, 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 <u>BENJAMIN</u> <u>QUARKEMEYUM</u>, represented by the Sworn Statement Of Notice Of Intention

Hospital Lien which was executed on the 13th day of March, 2012, and recorded on the 24th day
of April, 2012 (as instrument number 2012-027359), in the Office of the Recorder of Lake
County, Indiana, for the reasonable and necessary charges for hospital care, treatment and
maintenance of BENJAMIN QUARKEMEYUM, in the amount of Nine Hundred Eighty and 00/100 (\$980.00) Dollars, is released this Tim day of, 2014.
00/100 (\$980.00) Dollars, is released this 11 day of 120/2007, 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 APPLICATION OF A LOCALITY OF THE
THE METHODIST HOSPITALS, INC.
BY: Yolanda Jaime
STATE OF INDIANA ) SS:
COUNTY OF LAKE )
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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.
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Yolanda Jainde
Subscribed and sworn to before me, a Notary Public, this b day of worth, 2014.
Sing M. Stone  Notary Public
Notary Public
A Resident of County
My Commission Expires:
March 24, 2019  Official Seal LISA M. STONE Resident of Lake County In 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 \$ CHARGE CHECK # 19 9 8 O OVERAGE
NON-COM COPY