STATE OF INDISC.
LAKE COUNTY
FILED FOR RECORD

2014 050426

2014 AUG 21 PM 1:00

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against LAURA TROXELL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of June, 2014, and recorded on the 3rd day of July, 2014 (as instrument number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 day of August 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 day of August 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 day of August 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 day of August 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 1 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety-Pive (\$6,495.00) Dollars, is released this July 2 four Hundred Ninety	
Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against LAURA TROXELL, represented by the Sworm Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of June, 2014, and recorded on the 3rd day of July, 2014 (as instrument number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Nimety-Five (\$6,495.00) Dollars, is released this July 1 aday of 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 METHODIST HOSPITALS, INC. BY: 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 1 day of County Notary Public A Resident of August 1 and	This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC.,
represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lieu which was executed on the 2nd day of June, 2014, and recorded on the 3rd day of July, 2014 (as instrument number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Ninety-Five (\$6,495.00) Dollars, is released this 14 Methodist day of 15 Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. THE METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this 15 day of 16 July 2014. Cheryl Krupa Subscribed and sworn to before me, a Notary Public, this 16 July 2014. A Resident of July 2014. I affirm, under the penalties for perjury, that I have taken reasonable that to hedder teach social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Southlake Campus, 8701 Broadway, Merrillyille, Indiana 46410, against LAURA TROXELL,
executed on the 2nd day of June, 2014, and recorded on the 3rd day of July, 2014 (as instrument number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Ninety-Five (\$6,495.00) Dollars, is released this day of Laura Troxell, in the amount of Six Thousand Four Hundred Ninety-Five (\$6,495.00) Dollars, is released this day of Laura Troxell, 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 METHODIST HOSPITALS, INC. BY: Cheryl Krupa STATE OF INDIANA SS: 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 Subscribed and sworn to before me, a Notary Public, this day of Laura County Public A Resident of Laura County My Commission Expires: Earle F. Hites, Attorney at Law Earle F. Hites, Attorney at Law	represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was
number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Ninety-Five (\$6,495.00) Dollars, is released this July day of August 1974. 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 METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this day of Accounty Notary Public A Resident of August County My Commission Expires: Earle F. Hites, Attorney at Law	executed on the 2nd day of June, 2014, and recorded on the 3rd day of July, 2014 (as instrument
and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the amount of Six Thousand Four Hundred Ninety-Five (\$6,495.00) Dollars, is released this Jumb day of Laura Poll4 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 METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this Laura May of Laura Notary Public A Resident of Laura County My Commission Expires: My Commission Expires: My Commission expires: My Commission expires: A Resident of Laura County, IN My commission expires Subscribed and sworn the penalties for perjury, that I have taken reasonable care to Teddict each Social security number in this document, unless required by law. Earle F. Hites, Attorney at Law Earle F. Hites, Attorney at Law	number 2014-038268), in the Office of the Recorder of Lake County, Indiana, for the reasonable
In the event fill 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 METHODIST HOSPITALS, INC. BY: Cheryl Krupa STATE OF INDIANA SS: 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 day of Motary Public A Resident of Man County My Commission Expires: Man Dy 2019 I affirm, under the penalties for perjury, that I have taken reasonable that to indicate a county. IN Man Short is this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	and necessary charges for hospital care, treatment and maintenance of LAURA TROXELL, in the
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 METHODIST HOSPITALS, INC. BY: Cheryl Krupa STATE OF INDIANA SSS: 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 Subscribed and sworn to before me, a Notary Public, this day of County Notary Public A Resident of County My Commission Expires: My Comm	
THE METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this day of Cheryl Krupa Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of August County My Commission Expires: MANULO DUL 2019 I affirm, under the penalties for perjury, that I have taken reasonable that to Hedical each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	day of Wyw Part OFFICIAL!
THE METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this day of Cheryl Krupa Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of August County My Commission Expires: MANULO DUL 2019 I affirm, under the penalties for perjury, that I have taken reasonable that to Hedical each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	In the event full payment of the hospital charges has not been received. The Methodist
THE METHODIST HOSPITALS, INC. BY: 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. Subscribed and sworn to before me, a Notary Public, this I day of County Notary Public A Resident of Amelican Seather of County IN A Resident of Lake County, IN Resident of Lak	Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
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. Subscribed and sworn to before me, a Notary Public, this day of A Resident of Lake County. My Commission Expires: MANUAL OF LISTAN STONE Resident of Lake County. IN My commission expires A Resident of Lake County. IN My commission expires State of Public Cheryl Krupa Notary Public A Resident of Lake County. IN My commission expires State of Public Cheryl Krupa Notary Public County Is A Resident of Lake County. IN My commission expires State of Public Cheryl Krupa Notary Public County Is A Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE LISA IN STONE LISA IN STONE Resident of Lake County. IN My commission expires LISA IN STONE LISA IN	the Lake County Recorder!
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Cheryl Krupa Cheryl Krupa 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 day of Notary Public A Resident of Sun County My Commission Expires:	6.9
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 day of Notary Public A Resident of Sunc County My Commission Expires: MANUA DU 2011 I affirm, under the penalties for perjury, that I have taken reasonable tare to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	
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 day of Accounty, 2014. A Resident of Accounty My Commission Expires: My C	Cheryl Krupa
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 day of Accounty, 2014. A Resident of Accounty My Commission Expires: My C	CTATE OF INDIANA
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 day of Notary Public A Resident of Amel County My Commission Expires: Earle F. Hites, Attorney at Law Earle F. Hites, Attorney at Law	
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 Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of Sun County My Commission Expires: Earle F. Hites, Attorney at Law Earle F. Hites, Attorney at Law	
Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. Cheryl Krupa Subscribed and sworn to before me, a Notary Public, this I day of Notary Public A Resident of Notary Public A Resident of Seal LISA M. STONE Resident of Lake County. IN My commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	
Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct. Cheryl Krupa Subscribed and sworn to before me, a Notary Public, this I day of Notary Public A Resident of Notary Public A Resident of Seal LISA M. STONE Resident of Lake County. IN My commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Cheryl Krupa, being the Supervisor Patient Accounts for the Southlake Campus of The
Subscribed and sworn to before me, a Notary Public, this day of Mount, 2014. A Resident of Man County My Commission Expires: Man Dy 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	Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the
Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of County My Commission Expires: My Commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	foregoing are true and correct.
Subscribed and sworn to before me, a Notary Public, this day of Notary Public A Resident of County My Commission Expires: My Commission expires I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	
Subscribed and sworn to before me, a Notary Public, this day of Modern County My Commission Expires: My Commission Expires: My Commission Expires: My commission expires: 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	May Ruga
Notary Public A Resident of American County My Commission Expires: I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Cheryl Krupa
Notary Public A Resident of American County My Commission Expires: I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Subscribed and sworn to before me a Notary Public this \ \ day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires: I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	, <u>— , — , — , — , — , — , — , — , — , —</u>
My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires: I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Lupa M. Stone
My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires: I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	Notary Public
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I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	My Commission Evnires
I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each social security number in this document, unless required by law. This instrument Prepared By: Earle F. Hites, Attorney at Law	March 34, 201 Resident of Lake County, IN
This instrument Prepared By: Earle F. Hites, Attorney at Law	My commission expires
This instrument Prepared By: Earle F. Hites, Attorney at Law	
Earle F. Hites, Attorney at Law	security number in this document, diffess required by law.
Earle F. Hites, Attorney at Law	This instrument Prepared By:
AMOUNTS 12 -	ALMOUNTS 12 -

CASH___CHARGE__ CHECK#__!9789

OYERAGE__

CCPY__ NON-COM CLERK_

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