STATE OF INCIA. FILED FOR RECORD

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MICHAEL B. BROWN

RETURN TO: HODGREGOROUR 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 GEORGE RASH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of July, 2014, and recorded on the 28th day of July, 2014 (as instrument number 2014-044445), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GEORGE RASH, in the amount of Eighteen Thousand Eight Hundred Fifty-Three and 25/100 (\$18,853.25) Dollars, is

released this 19th day of Mysus 7, 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. he Lake **County Recorder** THE METHODIST HOSPITALS, INC. Chary Cheryl Krupa STATE OF INDIANA 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. Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of County My Commission Expires: Official Seat March 24, 2019 LISA M. STONE Resident of Lake County, IN (SEAL 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 8700 Broadway, Merrillville, IN 46410 AMOUNT \$ CASH. 7777-230145 CHECK# OVERAGE. CCBA-NON-COM CLERK.