

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 050430

2014 AUG 21 PM 1:01

RETURN TO: MICHAEL B. BROWN  
HODGSON REES & 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, 600 Grant Street, Gary, Indiana 46402, against JOSEPH TURNER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of April, 2014, and recorded on the 4th day of June, 2014 (as instrument number 2014-032241), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOSEPH TURNER, in the amount of Four Thousand Six Hundred Fifty-Three (\$4653.00) Dollars, is released this 19th day of August, 2014.

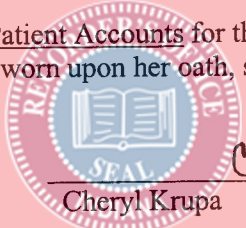
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa  
Cheryl Krupa

STATE OF INDIANA )  
                                  ) SS:  
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.



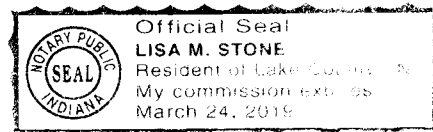
Cheryl Krupa  
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 18th day of August, 2014.

Lisa M. Stone  
Notary Public  
A Resident of Davie 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:

Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

7777-228446

AMOUNT \$ 12  
CASH CHARGE  
CHECK # 19804  
OVERAGE  
COPY  
NON-COM  
CLERK

CX  
E