STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050431   2014 AUG 21 PM 1:01

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 <u>GERMAINE COLBERT-WILLIAMS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10th</u> day of <u>June, 2014</u>, and recorded on the <u>1st</u> day of <u>July, 2014</u> (as instrument number 2014-037653), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>GERMAINE COLBERT-WILLIAMS</u>, in the amount of Six Hundred Thirty and 25/100 ($630.25) 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 <u>Supervisor Patient Accounts</u> 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 18th day of August, 2014.

Lisa M. Stone
Notary Public
A Resident of Lake 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

7777-229378

AMOUNT $ 12
CASH_____ CHARGE
CHECK #_198 04
OVERAGE_____
COPY_____
NON-COM_____
CLERK_____