STATE OF INDIA
LAKE COUNT FILED FOR RECORE

2014 050433

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.,

Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against STEPHEN DOMER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10th day of June, 2014, and recorded on the 1st day of July, 2014 (as instrument number 2014-037651), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of STEPHEN DOMER, in the amount of One Thousand Seven Hundred Forty-Six and 75/100 (1,746.75) Dollars, is released Que 17 , 2014. this 190 day of 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. Christ Kin 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 // Ville County My Commission Expires: . ifing Con Williach AV, 2019 LISA M. STONE Resident of Lake County, IN 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-Official Seal CHECK #. LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019 7777-229389 (SEAL) OYERAGE. COPY_ NON-COM

