

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050436

2014 AUG 21 PM 1:01

MICHAEL D. 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 BENJAMIN LOWE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of September, 2012, and recorded on the 5th day of October, 2012 (as instrument number 2012-070205), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BENJAMIN LOWE, in the amount of Seven Thousand Three Hundred Seventy-Nine (\$7,379.00) Dollars, is released this 19th day of August, 2014.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

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.

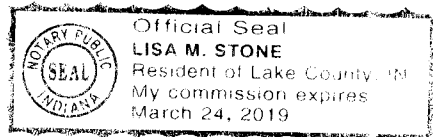


Subscribed and sworn to before me, a Notary Public, this 18th day of August, 2014.

Lisa M. Stone
Notary Public
A Resident of Deane 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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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

777-208349

[Signature]
E