

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050437

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 MICHAEL MACON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of February, 2014, and recorded on the 28th day of February, 2014 (as instrument number 2014-011884), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MICHAEL MACON, in the amount of Eight Hundred Eighty-Nine and 00/100 (\$889.00) Dollars, is released this 19th day of August, 2014.

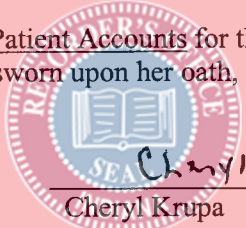
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

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.

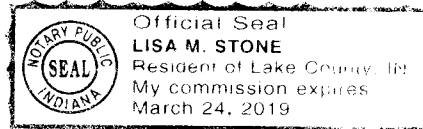


Subscribed and sworn to before me, a Notary Public, this 18th day of August, 2014.

Lisa M. Stone
Notary Public
A Resident of Laurel 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

7777-225819

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