2014 052361

2014 AUG 29 PM 1: 15

MICHAEL A. 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>BERNARD PHILLIPS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>1st</u> day of <u>November, 2013</u>, and recorded on the <u>20th</u> day of <u>November, 2013</u> (as instrument number <u>2013-086815</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>BERNARD PHILLIPS</u>, in the amount of <u>Seven Thousand Three Hundred Forty-Nine</u> ($7,349.00) Dollars, is released this <u>28th</u> day of <u>August</u>, 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:
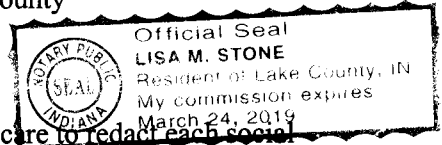COUNTY OF LAKE   )

<u>Cheryl Krupa</u>, 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 25th day of August, 2014.

Lisa M. Stone

Notary Public

A Resident of _Lake_ County

My Commission Expires:
March 24, 2019

Official Seal
LISA M. STONE
Resident of Lake County, IN
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

AMOUNT $ __12-__
CASH_____ CHARGE_____
CHECK # __19820__
OVERAGE_____
COPY_____
NON-COM_____
CLERK_____

7777-221394