

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 065211

2014 OCT 14 PM 1:19

RETURN TO: HODGES & DAVIS, P.C. RECORDER
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

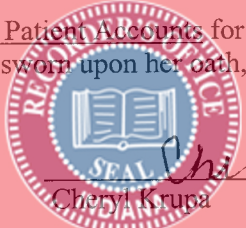
This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against TIFFANY TAHER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of August, 2014, and recorded on the 16th day of September, 2014 (as instrument number 2014-055866), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TIFFANY TAHER, in the amount of One Thousand Nine and 00/100 (\$1,009.00) Dollars, is released this 10th day of October, 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.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor Patient Accounts 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.



DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Subscribed and sworn to before me, a Notary Public, this 10th day of October, 2014.
Debra A Rose
Notary Public
A Resident of Lake County
My Commission Expires: April 23, 2022

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
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-232018

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 19906 E
OVERAGE _____
COPY _____
NON-COM _____
CLERK AM