STATE OF INDIANS LAKE COUNTY FILED FOR RECORD

2014 065218

2014 OCT, 14 PH 1: 19

MICHAEZ 1. SEC.

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 MORGAN M GILL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of November, 2013, and recorded on the 17th day of January, 2014 (as instrument number 2014-003509), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MORGAN M GILL, in the amount of One Thousand Three Hundred Seventy Four and 25/100 (\$1,374.25)

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

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 sword upon her each, says that the facts stated in the foregoing are true and correct.

Subscribed and swamp before me, a Notary Public, this day of 2014

LEBRA A ROSE

Notary Public - Seal

State of Indiana

Lake County

My Commission Expires Apr 23, 2022

A Resident of A County

TVT Commission Expires.

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

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

7777-222810

AMOUNT \$ ____CHARGE CHECK # ____OYERAGE ____ FOUR COPY ____ NON-COM _____ CLERK _____