STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 071047

2014 NOV 12 AM 9: 09

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

## RELEASE OF HOSPITAL LIEN

Southlake Campus, 8701 Broady RODRIQUEZ, represented by the Lien which was executed on the 2014 (as instrument number 201 Indiana, for the reasonable and rewandama, for the reasonable and rewandama.	Hospital Lien by THE METHODIST HOSPITALS, INC., way, Merrillville, Indiana 46410, against WANDA  ne Sworn Statement Of Notice Of Intention To Hold Hospital  14th day of July, 2014, and recorded on the 6th day of August,  4-047250), in the Office of the Recorder of Lake County,  necessary charges for hospital care, treatment and maintenance of amount of Five Thousand Seven Hundred Seventy and 75/100  this May of May of May 100 (2014).
Hospitals, Inc. specifically reser	ves all rights it may have to collect the balance due.
	THE METHODIST HOSPITALS, INC.
	BY: Chryl Krupa  Cheryl Krupa
STATE OF INDIANA ) SS:	
COUNTY OF LAKE )	
Methodist Hospitals, Inc., being foregoing are true and correct.	visor Patient Accounts for the Southlake Campus of The duly sworn upon her oath, says that the facts stated in the Chryl Krupa  Cheryl Krupa
Subscribed and sworn to befor	e me, a Notary Public, this <u>(</u> day of) <u>(CCU w.DC)</u> , 2014.
	Notary Public A Resident of Have County
My Commission Expires:	SEAL SEAL STONE  SEAL Resident of Lake County, IN My commission expires
I affirm, under the penalties for precurity number in this documen	perjury, that I have taken reasonable care to redact each social t, unless required by law.
This instrument Prepared By: _	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
7777-230464	AMOUNT \$  CASH CHARGE CHECK #  OVERAGE

COPY\_ NON-COM\_ CLERK\_\_\_\_