

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 075216

2014 NOV 25 PM 1:15

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

MICHAEL BROWN
RECORDER

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 APRIL SMITH II, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of October, 2014, and recorded on the 24th day of October, 2014 (as instrument number 2014-067883), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of APRIL SMITH II, in the amount of One Thousand Two Hundred Ninety Nine (\$1,299.00) Dollars, is released this 20th day of November, 2014.

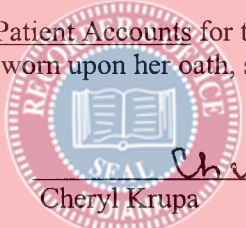
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

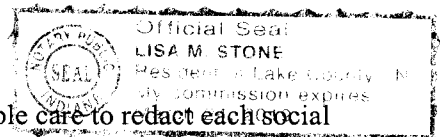
Cheryl Krupa, being the Supervisor Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 17th day of November, 2014.

Lisa M. Stone
Notary Public
A Resident of Lake 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

7777-233552

ACCOUNTS 10-
CASH CHARGE
CHECK # 19983
INVOICE _____
JOB # _____
ADN-COM _____
CLERK [Signature]
E