ED FOR RECORD

2014 078873 RETURN TON HODGES & DAMIS B.C. Attorneys at Law

8700 Broadway Memilwile, JN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against AKISHA WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of June, 2014, and recorded on the 18th day of July, 2014 (as instrument number 2014-042825), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of AKISHA WILLIAMS, in the amount of Twenty Thousand Five Hundred Eighty-Two and 75/100 (\$20,582.75) Dollars, is released this ____ day of __

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

) (chu be, 2014 In the event full payment of the hospital charges has not been received, The Methodist the Lake County Recorder! THE METHODIST HOSPITALS, INC. Chryl Cheryl Krupa STATE OF INDIANA COUNTY OF LAKE Cheryl Krupa, being the Supervisor Patient Accounts for the Northlake 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 day of De combey, 2014. Subscribed and sworn to before me, a Notary Public, this Notary Public Kall County A Resident of My Commission Expires: Official March 24, 2019 LISA M. STONE Resident of Lake (SEAL) My commission explies 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 S CASH_

CHECK#

OVERAGE COPY.

NON-COM CLERK.

7777-229798