

2014 078875

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 DEC 11 PM 12:32

MICHAEL S. BROWN
RECORDER

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 BESSIE RUSSELL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of August, 2012, and recorded on the 31st day of August, 2012 (as instrument number 2012-059538), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BESSIE RUSSELL, in the amount of One Thousand Five Hundred Sixty and 00/100 (\$1,560.00) Dollars, is released this 10th day of December, 2014.

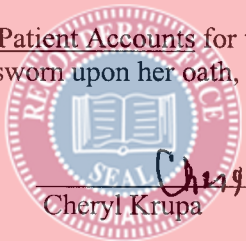
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

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.



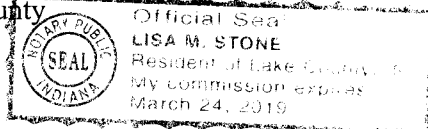
Subscribed and sworn to before me, a Notary Public, this 10th day of December, 2014.

Lisa M. Stone

A Resident of Avon County

Notary Public

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: _____

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

7777-207218

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20004
OVERAGE _____
COPY _____
NON-COM _____
CLERK ES