2014 0788778 TO: HODGE DEBAVIS! #42: 32

Attorneys at Law 8700 Broadway Merrillville, fiv 46416-R

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 DEMETRIUS HOLMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of July, 2014, and recorded on the 6th day of August, 2014 (as instrument number 2014-047221), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DEMETRIUS (

HOLMAN, in the amount of Seven Thousand Eight Hundred Thirty-Nine and 75/100
(\$7,839.75) Dollars, is released this 17 day of 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: Chryl Krupa Cheryl Krupa
OTE A TEL OF DIDIANIA
STATE OF INDIANA) SS:
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. Charge Krupa Cheryl Krupa
Subscribed and sworn to before me, a Notary Public, this day of December, 2014.
Susa Mistera
Notary Public
A Resident of Ail County
My Commission Expires: Official Seat LISA M. STONE
March 24, 2019 Resident of Lake County of 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

7777-230419

CASH. CHECK #. OVERAGE COPYL