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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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against ANTON FRANKLIN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of March, 2014, and recorded on the 15th day of April, 2014 (as instrument number 2014-021296), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTON FRANKLIN, in the amount of One Thousand Six Hundred Thirty and 25/100 (\$1,630.25) Dollars, is released this 10th day of December, 2014.

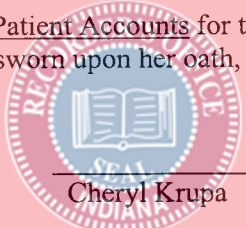
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

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 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.



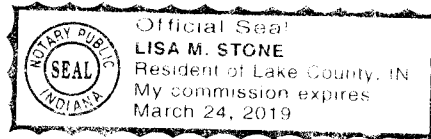
Cheryl Krupa
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 9th day of December, 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: Earle F. Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-226694

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 20004
OVERAGE _____
COPY _____
NON-COMM _____
CLERK E