2014 080309

STATE OF INCIDE LANE COUNTY FILED FOR RECORD

2014 DEC 17 PM 12: 48

MICHAEL D. BR RETURN TO: HODGES & DAVIS, RECORDER FL D. BROWN 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 GEORGE TYRONE, 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 2014-047226), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GEORGE

TYRONE, in the amount of Four Thousand Four Hundred Sixty-six and and 25/100 (\$4,466.25) Dollars, is released this day of the company, 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. Cheryl Ku Cheryl Krupa STATE OF INDIANA 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 12 day of 1) e (1 mber), 2014. Notary Public A Resident of County My Commission Expires: CISA M. STONE
Resident of Lake County
My commission expires VI Chch 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 AMOUNT \$ CHARGE CASH. CHECK# 7777-230421 **OVERAGE** COPY. NON-COM\_

CLERK\_