STATE OF 14.2 --LAKE COUNT
FILED FOR RECORE

2014 083711 2014 DEC 30 PM 12: 35 RETURN TO: HODGES & DAVIS, P.C.

2014 DEC 30 PM 12: 35 HODGES & DAVIS, P.C. Attorridges at Law BROWN 8700 Broken DROWN Merrillville, IN 46410

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## 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 <u>JACQUELINE</u> <u>MONTGOMERY</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>25th</u> day of <u>November, 2013</u>, and recorded on the <u>18th</u> day of <u>December, 2013</u> (as instrument number <u>2013-092272</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JACQUELINE MONTGOMERY</u>, in the amount of <u>Thirteen Thousand Five Hundred Forty-Six</u> (\$13,546.00) Dollars, is released this <u>L9<sup>14</sup></u> day of <u>10.14</u>, 2014.

This Document is the property of the Lake THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa

STATE OF INDIANA

<u>Cheryl Krupa</u>, being the <u>Supervisor Patient Accounts</u> 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.

Subscribed and sworn to before me, a Notary Public, this day of July 2014.

DEBRA A ROSE

Notary Public - Seal

State of Indiana

Lake County

My Commission Expires Apr 23, 2022

Notary Public A Resident of County

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

7777-222137

COUNTY OF LAKE

AMOUNT \$ 2 CASH CHARGE CHECK # 200 5 4 OVERAGE COPY NON-COM CLERK