

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

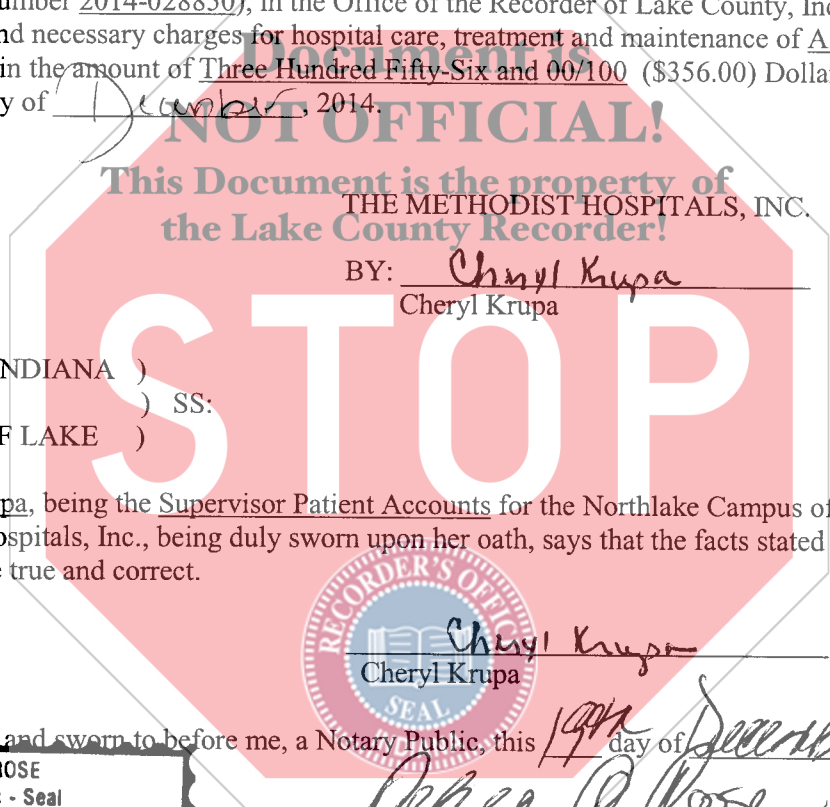
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RETURN TO: MICHAEL J. BROWN
HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

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 ASHANTI HARRELL, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of April, 2014, and recorded on the 20th day of May, 2014 (as instrument number 2014-028850), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ASHANTI HARRELL, in the amount of Three Hundred Fifty-Six and 00/100 (\$356.00) Dollars, is released this 29th day of December, 2014.



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 19th day of December, 2014.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Debra A Rose
Notary Public
A Resident of Lake County

My Commission Expires:
April 23, 2022

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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-227649

AMOUNT \$ 12-
TAXES _____
CHARGE _____
CHECK # 20054
DATE _____
NON-COM. _____
CLERK [Signature]
E