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2015 APR -7 PM 12:14

MICHAEL B. BROWN
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 WAYNE E COLLINS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of March, 2010, and recorded on the 16th day of April, 2010 (as instrument number 2010-022170), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WAYNE E COLLINS, in the amount of One Thousand One Hundred Seventy Nine (\$1,179.00) Dollars, is released this 10th day of April, 2015.

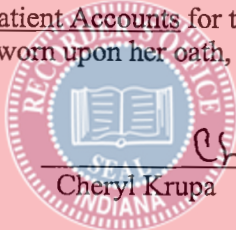
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

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 30th day of March, 2015.

Lisa M. Stone
Notary Public
A Resident of Lane 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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

2222-182005

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20217
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]
E