STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 020344

2015 APR -7 PM 12: 14

MICHAEL B. BROWN RETURN TO: HODGES & GROVERS, 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against PATTY BLAKE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was iı r <u>B</u> r

executed on the 26th day of January, 2015, and recorded on the 20th day of February, 2015 (as
instrument number 2015-009890), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and maintenance of PATTY
BLAKE, in the amount of One Thousand Five Hundred Sixty Nine (\$1,569.00) Dollars, is
released this 1 today of 1, 2015.
NOTOFFICIAL
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 Lake County Recorder! THE METHODIST HOSPITALS, INC.
BY: Chry/ Krusa
Cheryl Krupa
STATE OF INDIANA)
) SS:
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.
Chay! Kruga
Cheryl Krupa
Subscribed and sworn to before me, a Notary Public, this 30 day of Mach, 2015.
Subscribed and sworn to before the, a Hotary Fubric, this 10 day of 11 (MW), 2013.
Tung Mustone
Notary Public
A Resident of AM Gointy County and the second transformer to the secon
My Commission Expires: Character Seal LISA M. STONE
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, Attorney at Law
8700 Broadway, Merrillville, IN 46410
12 -
AMOUNT \$
7777-236869 CASHCHÀRGE

CHECK # OVERAGE. COPY_ NON-COM CLERK_