STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 022354

2015 APR 16 AM 9:43

MICHAEL B. BROWN
RECORDER

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., Southlake/Northlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against SHERRI BROWN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of October, 2013, and recorded on the 20th day of November, 2013 (as instrument number 2013-086803), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHERRI BROWN, in the amount of Twenty Thousand Three Hundred Thirty Eight and 75/100 ($20,338.75) Dollars, is released this 9th day of April, 2015.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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 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.

Cheryl Krupa
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 9th day of April, 2015.

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: EFH
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-221352

AMOUNT $ 12-
CASH _____ CHARGE _____
CHECK # 20229
OVERAGE _____
COPY _____
NON-COM _____
CLERK RM