

2015 022371

2015 APR 16 AM 9:45

RETURN TO: HODGES & DAVIS, P.C. CROWN
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 PACA ZEZOVSKI, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of November, 2014, and recorded on the 23rd day of December, 2014 (as instrument number 2014-081754), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of PACA ZEZOVSKI, in the amount of One Thousand Thirty-Eight and 08/100 (\$1,038.08) Dollars, is released this 9th day of April, 2015.

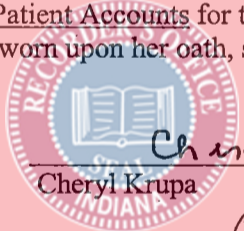
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

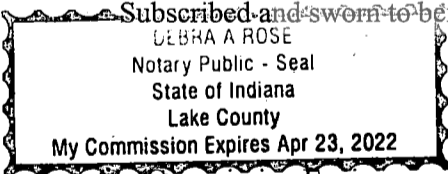
Cheryl Krupa, being the Supervisor Patient Accounts for the Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Cheryl Krupa

Cheryl Krupa

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



My Commission Expires: April 23, 2022

[Signature]
Notary Public
A Resident of Lake 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: *[Signature]*
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-235311

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20240
OVERAGE _____
COPY _____
NON-COM _____
CLERK *[Signature]*