STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 022373

2015 APR 16 AM 9:45

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., Northlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against JEREMIAH COLEMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of March, 2014, and recorded on the 7th day of April, 2014 (as instrument number 2014-019630), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JEREMIAH COLEMAN, in the amount of Six Hundred Forty-Five and 00/100 ($645.00) Dollars, is released this 9th day of April, 2015.

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

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

#7777-226663

AMOUNT $ 12-
CASH _____ CHARGE _____
CHECK # 20240
OVERAGE _____
COPY _____
NON-COM _____
CLERK BN

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