

2015 022378

2015 APR 16 AM 9:45

RETURN TO: MICHAEL B. BROWN
HODGES & DAVID, 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 DIANE GRAVES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of January, 2015, and recorded on the 29th day of January, 2015 (as instrument number 2015-005860), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DIANE GRAVES, in the amount of Three Thousand Two Hundred Eleven (\$3,211.00) Dollars, is released this 9th day of April, 2015.

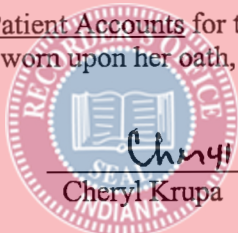
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

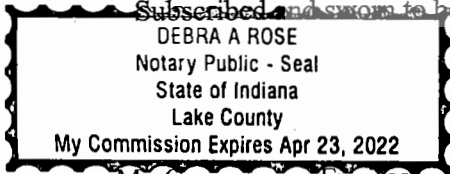
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor Patient Accounts for the 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 9th day of April, 2015.



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

#7777-236567

AMOUNT \$ 12-
CHARGE _____
CHECK # 20240
OVERAGE _____
COPY _____
NON-COM _____
CLERK RA

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