

2015 024555

2015 APR 23 PM 2:04

MICHAEL B. BROWN  
RECORDER

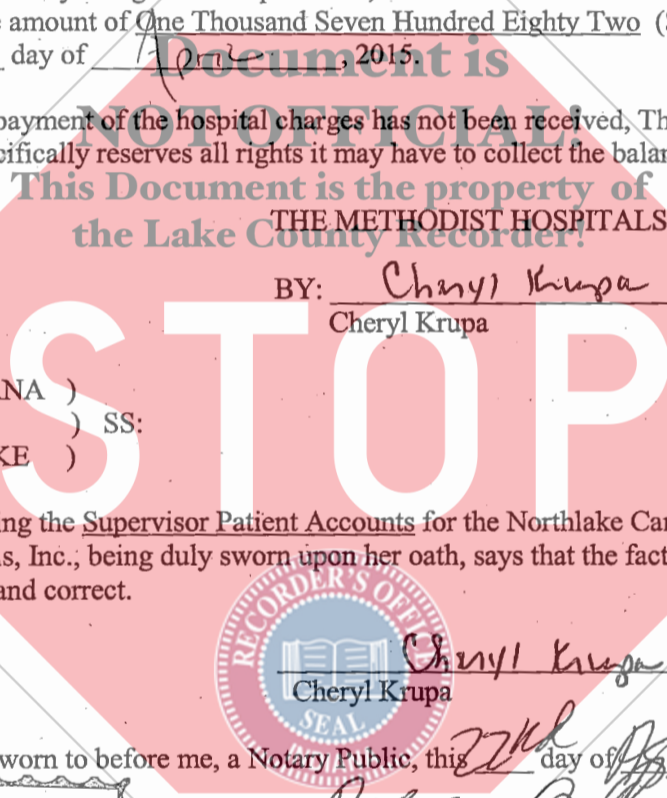
RETURN TO: HODGES & DAVIS, P.C.  
Attorneys at Law  
8700 Broadway  
Merrillville, IN 46410



RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against DEZERAY REYNAGA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of October, 2014, and recorded on the 24th day of October, 2014 (as instrument number 2014-067884), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DEZERAY REYNAGA, in the amount of One Thousand Seven Hundred Eighty Two (\$1,782.00) Dollars, is released this 23rd 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

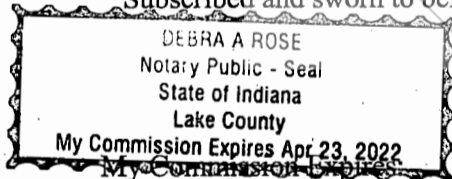
STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

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 23rd day of April, 2015.



Debra A Rose  
Notary Public  
A Resident of Lake county

April 23, 2015

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

#7777-233544

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20257  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK M.E