

2015 024556

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 23 PM 2:04

MICHAEL B. BROSH
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 Campus, 8701 Broadway, Merrillville, Indiana 46410, against DAVID STEFFAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of June, 2014, and recorded on the 16th day of July, 2014 (as instrument number 2014-041686), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DAVID STEFFAN, in the amount of Four Thousand Nine Hundred Six and 50/100 (\$4,906.50) 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.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
THE METHODIST HOSPITALS, INC.

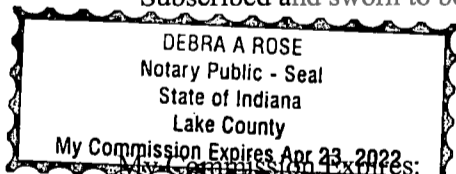
BY: Cheryl Krupa
Cheryl Krupa

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 23rd day of April, 2015.



Debra A Rose
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: Earle F. Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#2222-229620

AMOUNT \$ 125
CASH _____ CHARGE _____
CHECK # 20257
OVERAGE _____
COPY _____
NON-COM _____
CLERK ME