

2015 024558

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 23 PM 2:05

MICHAEL B. BROW
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 ALEKSIS BOCANEGRA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of April, 2014, and recorded on the 20th day of May, 2014 (as instrument number 2014-028837), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEKSIS BOCANEGRA, in the amount of One Thousand One Hundred Twelve and 75/100 (\$1,112.75) Dollars, is released this 23rd day of April, 2015.

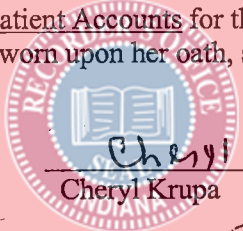
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

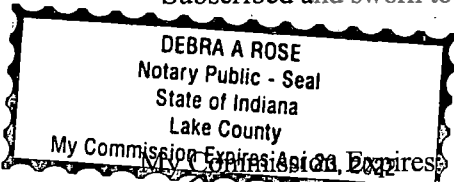
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

#7777-227547

AMOUNT \$ 12
CASH CHARGE
CHECK # 20257
OVERAGE _____
COPY _____
NON-COM _____
CLERK MTC