

2015 025788

2015 APR 29

MICHAEL
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 TOYA EDWARDS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of March, 2015, and recorded on the 20th day of March, 2015 (as instrument number 2015-016791), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TOYA EDWARDS, in the amount of Six Hundred Seventy-Six and 00/100 (\$676.00) Dollars, is released this 28th day of April, 2015.

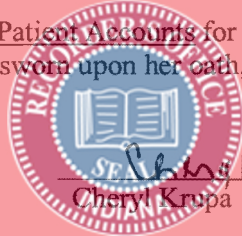
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: Cheryl Krupa
Cheryl Krupa

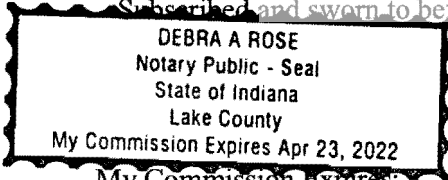
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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.



Debra A Rose
Notary Public
A Resident of Lake County

Subscribed and sworn to before me, a Notary Public, this 23rd day of April, 2015.



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

7777-237990

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20262
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

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