

2015 025789

2015 APR 29

RECORDER

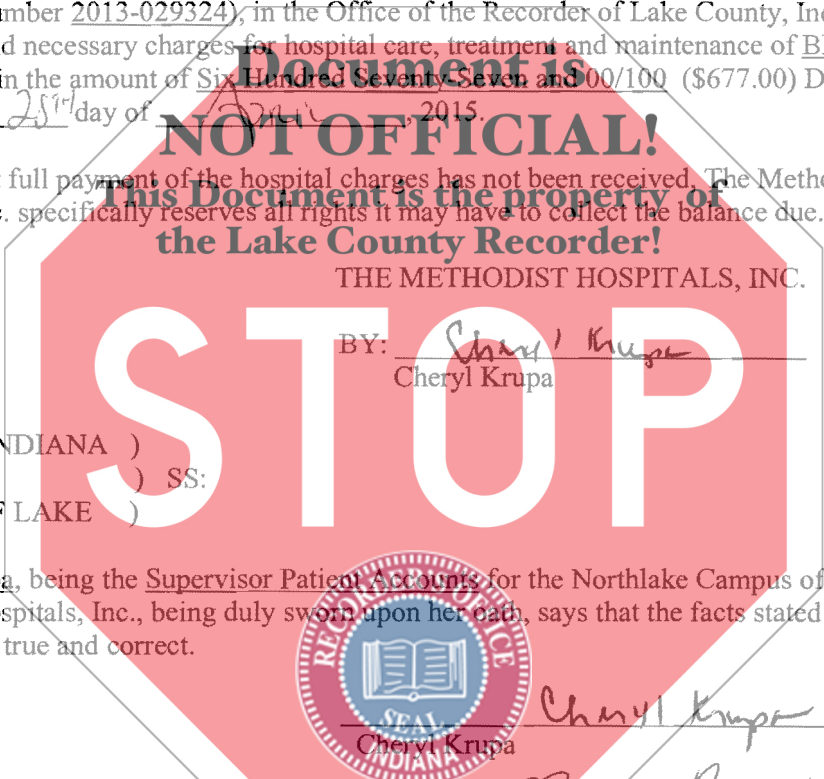
RETURN TO: HODGES & DAVIS, P.C.

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 BRENDA A WHEELER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 9th day of April, 2013, and recorded on the 24th day of April, 2013 (as instrument number 2013-029324), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BRENDA A WHEELER, in the amount of Six Hundred Seventy Seven and 00/100 (\$677.00) Dollars, is released this 25th 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

Subscribed and sworn to before me, a Notary Public, this 23rd day of April, 2015.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022
My Commission Expires

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

#2222-214440

AMOUNT \$ 12.-
CASH _____ CHARGE _____
CHECK # 20202
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____