STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 027130

2015 MAY -6 PM 12: 19

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 NORMAN E WISE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of March, 2015, and recorded on the 25th day of March, 2015 (as instrument number 2015-017560), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of NORMAN E WISE, in the amount of One Thousand Three Hunc (\$1,345.00) Dollars, is

In the event full payment of Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

released this _____ day of ved, The Methodist the Lake County Record Chary Cheryl Krupa STATE OF INDIANA COUNTY OF LAKE Cheryl Krupa, being the Supervisor Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her each, says that the facts stated in the foregoing are true and correct. neryi Krupa Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of My Commission Expires: Official Seal Much 24,2019 (SEAL My commission expires March 24, 2019

LISA M. STONE

Resident of Lake County, IN

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, Attorney at Law 8700 Broadway, Merrillville, IN 46410

7777-238043

AMOUNT \$ CHARGE CASH. CHECK# $2 \circ 2 X$ OVERAGE COPY-NON-COM. CLERK