STATE OF INDIANA

2015 028676

2015 MAY 13 AH 9:07

MICHAEL LAS

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 MIKE WILKINS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of January, 2014, and recorded on the 30th day of January, 2014 (as instrument number 2014-005784), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MIKE WILKINS, in the amount of 2014-005784 (\$13,932.75) Dollars, is released this 11 the day of

 $\gamma \gamma \langle \chi \rangle$, 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 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 Notary Public A Resident of County My Commission Expires: Official Sea LISA M. STONE Resident of Lake Conney My commission expires March 24, 2019 January 2019 SEAL 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 AMOUNT \$ CASH. .CHARGE 7777-224033 CHECK#

OVERAGE COPY NON-COM CLERK_