STATE OF INDIANA LAKE COUNTY FILED FOR RECE

2015 028677

2015 MAY 13 AM 9: 07

MICHAEL YLPER

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 WILLIE JONES, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of March, 2013, and recorded on the 27th day of March, 2013 (as instrument number necessary charges for hospital care, treatment and maintenance of WILLIE JONES, in the amount of Four Thousand Two Hundred Twenty-Two and 75/100 (\$4,222.75) Dollars, is released this

2013-022749), in the Office of the Recorder of Lake County, Indiana, for the reasonable and $\gamma \gamma \alpha \gamma \gamma$, 2015. THE METHODIST HOSPITALS, INC. 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. Subscribed and sworn to before me, a Notary Public, this $\underline{\mathcal{U}}^{\mathcal{M}}$ Notary Public A Resident of My Commission Expires: Mairth 24, 2019 LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 YOUAN 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. CHECK #. 7777-213793 OVERAGE

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