STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 032667

2015 MAY 28 PM 12: 21

MICHAEL B. BROWN RETURN TO: HODGES (2015/25/15, 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 MARTIN NUNEZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13th day of August, 2013, and recorded on the 23rd day of August, 2013 (as instrument number 2013-062379), in the Office of the Recorder of Lake County, Indiana, for the and maintenance of MARTIN -Three and 50/100

reasonable and necessary charges for hospinUNEZ, in the amount of Eleven Thousar (\$11,843.50) Dollars, is released this the Lake County 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. ubscribed and sworn to before me, a Notaty Public, this 2015. **DEBRA A ROSE**

Notary Public - Seal State of Indiana Notary Public **Lake County** County A Resident of \(\lambda \) My Commission Expires Apr 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, Attorney at Law 8700 Broadway, Merrillville, IN 46410

> **AMOUNT \$** CHARGE CASH_

CHECK #. **OVERAGE**

COPY. NON-COM CLERK.

7777-218395