STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 032668

2015 MAY 28 PM 12: 21

MICHAEL B. BROWN

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 ANTHONY PARKER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 7th day of January, 2014, and recorded on the 16th day of January, 2015 (as instrument number 2015-002629), in the Office of the Recorder of Lake County, Indiana, for the ment and maintenance of <u>ANTHONY</u> ed Twenty-Seven (\$2,427.00) Dollars, is reasonable and necessary charges for hospital care, tr PARKER, in the amount of Two Thousand Four Hur released this \_\_\_\_\_ day of \_\_\_\_ the Lake County Recor 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 apourber oath, says that the facts stated in the foregoing are true and correct. Subsembed and sworn to be fore me, a Notary Public, this 2015. Notary Public - Seal State of Indiana **Lake County** Notáry Public My Commission Expires Apr 23, 2022 A Resident of County My Commission Expires: 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

7777-236252

AMOUNT \$ 12 CASH\_\_\_CHARGE\_ CHECK # 20330 OVERAGE COPY\_\_\_ NON-COM\_\_\_ CLERK\_\_\_\_