STATE OF INDIANA
LAKE COUNTY
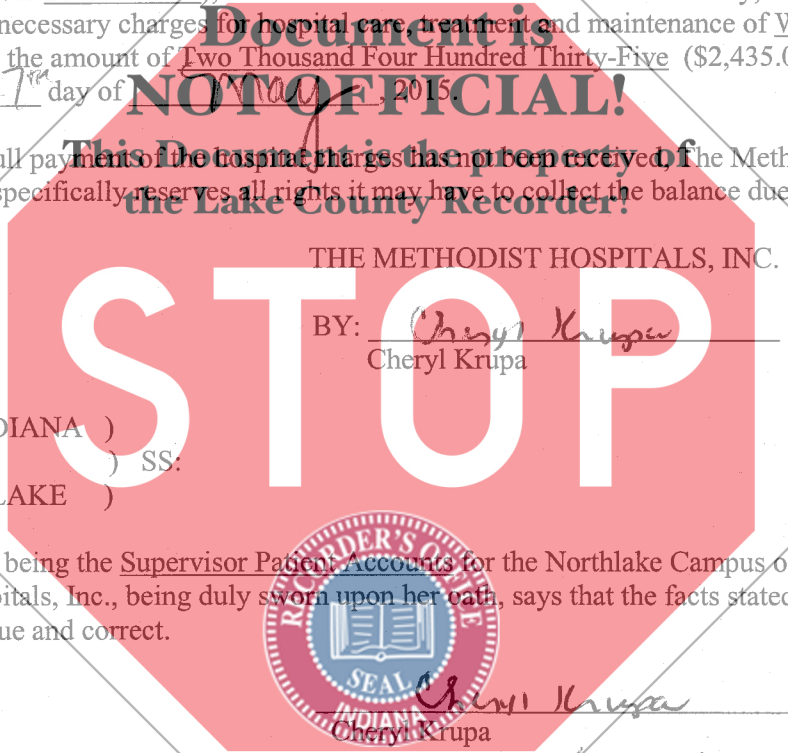FILED FOR RECORD

2015 032671

2015 MAY 28 PM 12: 21

MICHAEL B. BROWN
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 WILLIAM A THURMAN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 4th day of February, 2013, and recorded on the 22nd day of February, 2013 (as instrument number 2013-014255), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIAM A THURMAN, in the amount of Two Thousand Four Hundred Thirty-Five ($2,435.00) Dollars, is released this 21st day of May, 2015.

In the event full payments of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
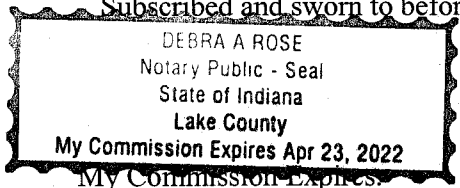
THE METHODIST HOSPITALS, INC.

BY: _Cheryl Krupa_
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
Cheryl Krupa

Subscribed and sworn to before me, a Notary Public, this 21st day of May, 2015.

signature
Notary Public

A Resident of Lake County

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires:
April 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

7777-212479

AMOUNT $ 12 -
CASH_____ CHARGE
CHECK #_20730
OVERAGE
COPY
NON-COM
CLERK