STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 032673

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against VERONICA MOISANT, 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 2013-062381), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of VERONICA MOISANT, in the amount of Eight Hundred Forty-One and 00/100 ($841.00) Dollars, is released this 27th day of May, 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
Cheryl Krupa

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor Patient Accounts for the Southlake 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 14th day of May, 2015.

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

Debra A Rose
Notary Public

A Resident of Lake County

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

2222-218342

AMOUNT $ 12
CASH ____ CHARGE ____
CHECK # 20330
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____

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