

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 059680

2015 SEP -2 PM 12: 27

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 JEFFREY FOSTER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of June, 2015, and recorded on the 14th day of July, 2015 (as instrument number 2015-043399), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JEFFREY FOSTER, in the amount of One Thousand Seven Hundred Thirty One and 75/100 (\$1,731.75) Dollars, is released this 1st day of September, 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

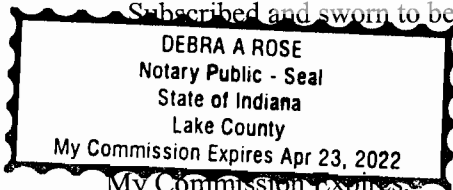
STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Cheryl Krupa, being the Supervisor Patient Accounts for the 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 1st day of August, 2015.



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: [Signature]  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

7777-241055

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20490  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

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