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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 LEWIS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of November, 2014, and recorded on the 2nd day of January, 2015 (as instrument number 2015-000139), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIAM LEWIS, in the amount of Two Thousand Fifty-Six and 00/100 (\$2,056.00) Dollars, is released this 15th day of September, 2015.

Document is NOT OFFICIAL!
This Document is the property of THE METHODIST HOSPITALS, INC. the Lake County Recorder!
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

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

Subscribed and sworn to before me, a Notary Public, this 27th 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: Earle F. Hites
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 125
CASH _____ CHARGE _____
CHECK # 20490
OVERAGE _____
COPY _____
NON-COM _____
CLERK MM