

2015 069569

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 OCT 13 PM 12:10

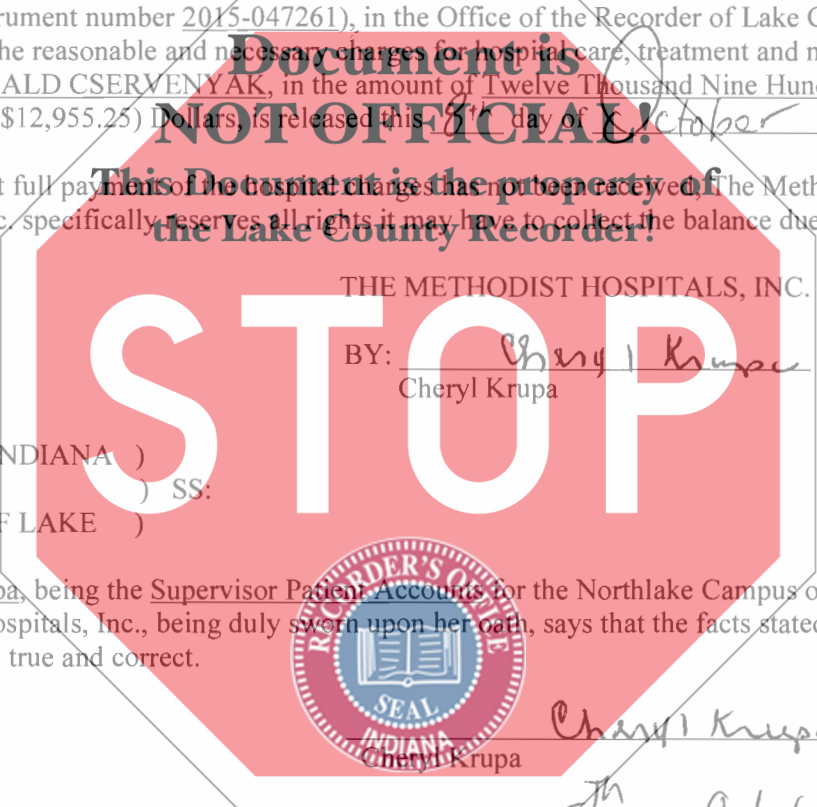
MICHAEL G. BROWN  
RECORDER

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 KEITH RONALD CSERVENYAK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of July, 2015, and recorded on the 29th day of July, 2015 (as instrument number 2015-047261), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KEITH RONALD CSERVENYAK, in the amount of Twelve Thousand Nine Hundred Fifty Five and 25/100 (\$12,955.25) Dollars, is released this 5<sup>th</sup> day of October, 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 )

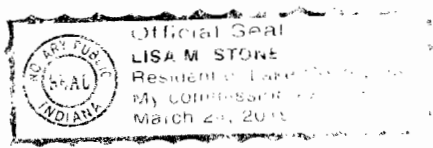
Cheryl Krupa, being the Supervisor Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 5<sup>th</sup> day of October, 2015.

Lisa M. Stone  
Notary Public  
A Resident of Lake County

My Commission Expires:  
March 24, 2015



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

7777-241988

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20565  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK MLY  
E