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2015 OCT 13 PM 12:19

MICHAEL D. 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 RAYMOND MCDONALD, III, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 6th day of August, 2015, and recorded on the 27th day of August, 2015 (as instrument number 2015-058269), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RAYMOND MCDONALD, III, in the amount of Four Thousand Six Hundred Thirty Two (\$4,632.00) Dollars, is released this 10th 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 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.



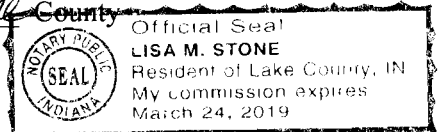
Subscribed and sworn to before me, a Notary Public, this 5th day of October, 2015.

Lisa M. Stone

Notary Public

A Resident of DeWitt County

My Commission Expires:
March 24, 2019



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

7777-242662

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20565
OVERAGE _____
COPY _____
NON-COM _____
CLERK MM

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