2015 069571

2015 OCT 13 PM 12: 19

MICHAEL B. MROWN 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 GARY HARRISON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was the

executed on the 12th day of December, 2014, and recorded on the 2nd day of Jauary, 2015 (as
instrument number 2015-000131), in the Office of the Recorder of Lake County, Indiana, for
reasonable and necessary charges for hospital eare treatment and maintenance of GARY
HARRISON, in the amount of One Thousand Three Hundred Nine and 00/100 (\$1,309.00)
Dollars, is released this transfer of Ctobe 1, 2015.
Total CIVIDA CIVIDA CONTROL CO
In the event full parments 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.
THE METHODIST HOSTITALS, INC.
BY: Cheryl Krupa
STATE OF INDIANA) SS:
COUNTY OF LAKE)
Cheryl Krupa, being the Supervisor Pagert Accounts for the Northlake Campus of The
Methodist Hospitals, Inc., being duly sworn upon her eath, says that the facts stated in the
foregoing are true and correct.
Chay Kupa
Subscribed and sworn to before me, a Notary Public, this 5 day of October, 2015.
Suig M Slove
Notary Public
A Resident of MO County
My Commission Expires: Official Sea.
March 24, 2019 LISA M. STONE Resident of Lake County IN My commission Expires March 24, 2019
Y - CC
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.
5.7

This instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

7777-235372

AMOUNT D. CASH____CHARGE_ CHECK#_ 205 6 5 OVERAGE____ COPY__ NON-COM_ CLERK___