2015 069572

STATE OF HIDINGS LAME GOVERN 2015 OCT 13 PH 12: 19

MICHAEL S. GROWN 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 ASHLYNNE WILSON,

represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was
executed on the 26th day of August, 2015, and recorded on the 18th day of September, 2015 (as
instrument number 2015-064968), in the Office of the Recorder of Lake County, Indiana, for the
reasonable and necessary charges for hospital care treatment and maintenance of <u>ASHLYNNE</u> <u>WILSON</u> , in the amount of <u>Five Thousand Five Hundred Thirteen</u> (\$5.513.00) Dollars, is
released this day of the Transfer of the Trans
released this day of the late.
In the event full payment of the charges has not become cover The Methodist
Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.
THE METHODIST HOSPITALS, INC.
BY: Cheryl Krupa
Cheryi Klupa
STATE OF INDIANA )
SS:
COUNTY OF LAKE )
DER'S COL
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.
SEAL SEAL SOLUTION
Chevickrupa
Subscribed and sworn to before me, a Notary Public, this 5 day of <u>Uctobey</u> , 2015.
Lin m. Stone
Notary Public
A Resident of YUQ County
My Commission Expires:
1 10(1.0) 2 (1.0) Official Seal
1 Much 24, 2019  SEAL SEAL SEAL STONE  Resident of Lake County, IN My commission expires
Viach 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:
Farle F. Hites. Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT &\_ CASH\_\_\_CHARGE\_ CHECK#\_QDS\_6\_S\_ OVERAGE\_ COPY\_ NON-COM.

CLERK\_\_

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