

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 081857

2015 DEC -8 PM 1:20

MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

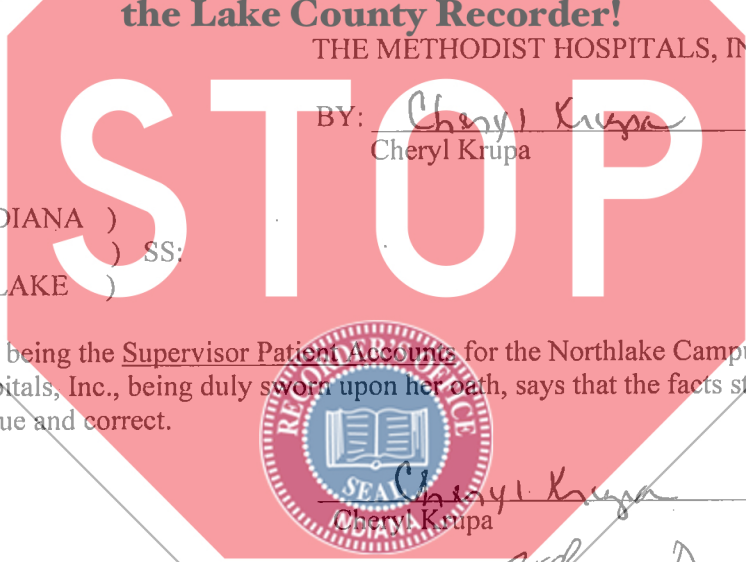
This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against DAVID BOBBETT, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 5th day of October, 2015, and recorded on the 16th day of October, 2015 (as instrument number 2015-070713), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DAVID BOBBETT, in the amount of One Thousand Five Hundred Six and 00/100 (\$1,506.00) Dollars, is released this 7th day of December, 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.

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

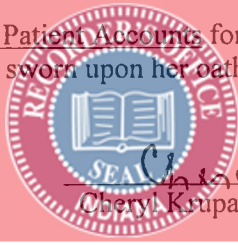
THE METHODIST HOSPITALS, INC.



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 3rd day of December 2015.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Debra A Rose
Notary Public
A Resident of Laure 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

7777-244265

AMOUNT \$ 12.00
CASH _____ CHARGE _____
CHECK # 201608
OVERAGE _____
COPY _____
NON-COM _____
CLERK E